

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Chacon(a) Residence. No. Pocatello, Idaho. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>February 26, 1936.</u>		
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
If LESS than 1 day ____ hrs. or ____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Still-Born</u>	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.13. NAME John Chacon14. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.15. MAIDEN NAME Mercedes Torres16. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.17. INFORMANT John Chacon
(Address) Pocatello, Idaho.18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Feb. 26, 1936.19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.20. FILED Feb. 26, 1936.
D. Chay
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. S 97286Local Registrar's No. 606

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 26, 1936.22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1936 to Feb 26, 1936I last saw him alive on Feb 26, 1936; death is saidto have occurred on the date stated above, at 69 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still born (7th mo)
Cause unknown
Jul 26 1936

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) M. D.(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

no 13
513

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Booneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **S 98319**

Registration District No. 73Registration District No. 2150Local Registrar's No. 77

MAY 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Jeppson(a) Residence. No. 294 N. Water St.(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 26, 1936

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.) 1
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

MOTHER FATHER 13. NAME O. B. Jeppson
14. BIRTHPLACE (city or town) Archer
(State or country) Idaho

15. MAIDEN NAME Mary A. Belnap
16. BIRTHPLACE (city or town) Beaumont
(State or country) Idaho

17. INFORMANT O. B. Jeppson
(Address)

18. BURIAL, CREMATION OR REMOVAL Removal
Place Beaumont, Mo. Date Apr. 27, 1936

19. UNDERTAKER O. B. Jeppson
(Address) Idaho Falls, Ida.

20. FILED Apr. 27, 1936 Wm. Kinnaird
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1936, to Apr 26, 1936.

I last saw him alive on _____, 1936; death is said

to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

Stillborn due to
prolonged cord
during birth.

Date of onset

Other contributory causes of importance:

Name of operation Breast extracting Date of Apr 26 36

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1936

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) M. R. Abbott M. D.(Address) Idaho Falls, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10 B
SB

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 7

DO NOT WRITE IN THIS SPACE
S 99175
State File No. 102

1936 RECEIVED

Primary Registration District No. 1006Local Registrar's No. 102

(No. Meray Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donna Lou Hill

(a) Residence. No. _____ St. _____
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) June 15th 1936

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

MOTHER FATHER 13. NAME Aubrey Audell Hill

14. BIRTHPLACE (city or town) Boise
(State or country) Idaho

15. MAIDEN NAME Flossie Renfro

16. BIRTHPLACE (city or town) Kansas
(State or country)

17. INFORMANT Mr. A. A. Hill
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL Cohlerlawn
Place Nampa, Ida. Date 6-15, 1936

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Ida.

20. FILED July 6, 1936 Lyla Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-14 1936

22. I HEREBY CERTIFY That I attended deceased from 6-14, 1936, to 6-14, 1936.

I last saw her alive on _____, 193____; death is said

to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

Still born.
Breathed before birth &
just first delivery, but not born.

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Howard P. Roberts, M. D.(Address) Nampa, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

NO 6
66

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BannockCity of Pocatello

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No.

S 99489Local Registrar's No. 716**AUG 11 1936 RECEIVED**

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Diamond(a) Residence. No. 1137 E. Sublett

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. Color or Race W5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 3, 1936

7. AGE

Years

Months

Days

If LESS than
1 day ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

MOTHER: FATHER:

13. NAME Lee Diamond14. BIRTHPLACE (city or town) Lafayette
(State or country) Penn.15. MAIDEN NAME Ethel May16. BIRTHPLACE (city or town) Troy
(State or country) Penn.17. INFORMANT Lee Diamond
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Mountainview Date July 4, 193619. UNDERTAKER Lawson's
(Address) Pocatello Idaho20. FILED 7-6, 1936 S. Gray

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 3, 1936, to July 3, 1936I last saw him live on Wed 7-3, 1936: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) S. Gray, M. D.(Address) Pocatello Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
Bannock		BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH		S 100321	
County of	Pocatello	Registration District No.	28	Primary Registration District No.	2167	Local Registrar's No.	7846
City of	Pocatello	(No. Pocatello General Hospital)					
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME		Infant Holt		OCT 7 1936 RECEIVED			
(a) Residence. No.		Pocatello, Idaho.		St.			
(Usual place of abode)				(If nonresident give city or town and state)			
Length of residence in city or town where death occurred.		0 yrs. 0 mos.		0 ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)					
Male	White	Single					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) Sept. 13, 1936.							
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.			
0		Still-Born					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						
	None						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
10. Date deceased last worked at this occupation (month and year)							11. Total time (years) spent in this occupation
Pocatello, Idaho.							
12. BIRTHPLACE (city or town) (State or country)							
FATHER	13. NAME Jack S. Holt						
	14. BIRTHPLACE (city or town) (State or country) Sunriver, Montana.						
MOTHER	15. MAIDEN NAME Alta Lee						
	16. BIRTHPLACE (city or town) (State or country) Spencer, Idaho.						
17. INFORMANT Jack S. Holt (Address) Pocatello, Idaho.							
18. BURIAL, CREMATION, OR REMOVAL Place Pocatello, Idaho. Date Sept. 14, 1936							
19. UNDERTAKER Hall Mortuary (Address) Pocatello, Idaho.							
20. FILED Sept. 14, 1936. D. C. Ray Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) Sept. 13, 1936.							
22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1936, to Sept. 13, 1936.							
I last saw him alive on _____, 1936; death is said to have occurred on the date stated above, at _____ m.							
The principal cause of death and related causes of importance were as follows:							
Pneumonia and Fall from.							
Other contributory causes of importance:							
Name of operation _____ Date of _____							
What test confirmed diagnosis? None Was there an autopsy? No							
23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936.							
Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) H. H. Hughes, M. D. Pocatello, Idaho. (Address)							

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4-7

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Blaine
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
S 100473
State File No.

Registration District No. 6

1936 RECEIVED

Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Martha Pilkerton

(a) Residence. No. Emmett Idaho St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) S

5a. If married, widowed, or divorced
HUSBAND of Premature birth
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept. 7, 1936

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett Idaho
(State or country)

13. NAME Edward Lee Pilkerton

14. BIRTHPLACE (city or town) Madison Idaho
(State or country)

15. MAIDEN NAME Phyllis M. McMan

16. BIRTHPLACE (city or town) Roberts Idaho
(State or country)

17. INFORMANT Edward Lee Pilkerton
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Idaho Date 9/8, 1936

19. UNDERTAKER C. D. Buckner
(Address) Emmett Idaho

20. FILED 9/8, 1936 J. H. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/7 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936, to 9-7-, 1936

I last saw him alive on Sept. 7, 1936; death is said

to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

Premature

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Ben Quinman, M. D.

(Address) Emmett

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1013
35

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Dr. Coats

DO NOT WRITE IN THIS SPACE

S 100656

State File No. _____

NOV 6 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
(No. St. Lukes Hospital)

Local Registrar's No. 321

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Phillips

(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10/3/1936

7. AGE Years Months Days If LESS than 1 day No hrs. or No min.

No No No No

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise,
(State or country) Idaho

MOTHER/FATHER 13. NAME Chester Phillips
14. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

15. MAIDEN NAME Edna Foster
16. BIRTHPLACE (city or town) Roberts
(State or country) Idaho

17. INFORMANT Chester Phillips
(Address) Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 10/6/, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 10-6-36 N. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/3/ 1936

22. I HEREBY CERTIFY, That I attended deceased from
10/3/36, 193, to 10/3/36, 193.

I last saw h&g alive on _____, 193: death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Premature
not visible
Stillborn, 6 mo.
1 week.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Dr. Coats, M. D.
(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

DOB
SB

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

S 101548

State File No.

County of TetonCity of Felt (Judkins)

CERTIFICATE OF DEATH

Registration District No. 77Primary Registration District No. 2176Local Registrar's No. 8(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Stillborn Baby Reece

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Sept 25-36

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) _____ spent in this occupation _____

12. BIRTHPLACE (city or town) Judkins, Idaho.
(State or country)13. NAME Wm Reece14. BIRTHPLACE (city or town) Okla.
(State or country)15. MAIDEN NAME Ethel Wykle16. BIRTHPLACE (city or town) Idaho
(State or country)17. INFORMANT Mrs. Lizzie Green
(Address) Felt, Idaho18. BURIAL, CREMATION, OR REMOVAL
Place Judkins, Id. Date 9-26-193619. UNDERTAKER _____
(Address)20. FILED 12-16, 1936 Olie M. Greene.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9-25-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: _____ Date of onset: _____

Still BornPremature: 6 months

Other contributory causes of importance: _____

Information byWm ReeceName of operation The Father

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) all in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Olie M. Greene Registrar(Address) Driggs, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

253109

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Doc of # 1432 10-1947

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

546-14203-719
FEB 7 1936 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 239362
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bannock
City of Banoreft, Idaho
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD _____

3. Sex Female
If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____

6. Premature _____ Full term X
7. Legitimate? Yes
8. Date of birth Jan-10, 1936
(Month, Day, Year)

9. Full name FATHER
Hyrum Smith Edwards

10. Residence (usual place of abode)
(If non-resident, give place and State) Banoreft

11. Color or race W | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) Malad, Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Blacksmith shop

16. Date (month and year) last engaged in this work Jan-9, 1936

17. Total time (years) spent in this work 10yr

18. Full maiden name MOTHER
Mary Alice Garver

19. Residence (usual place of abode)
(If non-resident, give place and State) Banoreft

20. Color or race W | 21. Age at last birthday 35 (years)

22. Birthplace (city or place) Tula, Utah
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Jan-9, 1936

26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, { months _____
period of gestation _____ or weeks _____

30. Cause of stillbirth unknown { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 9.Am. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

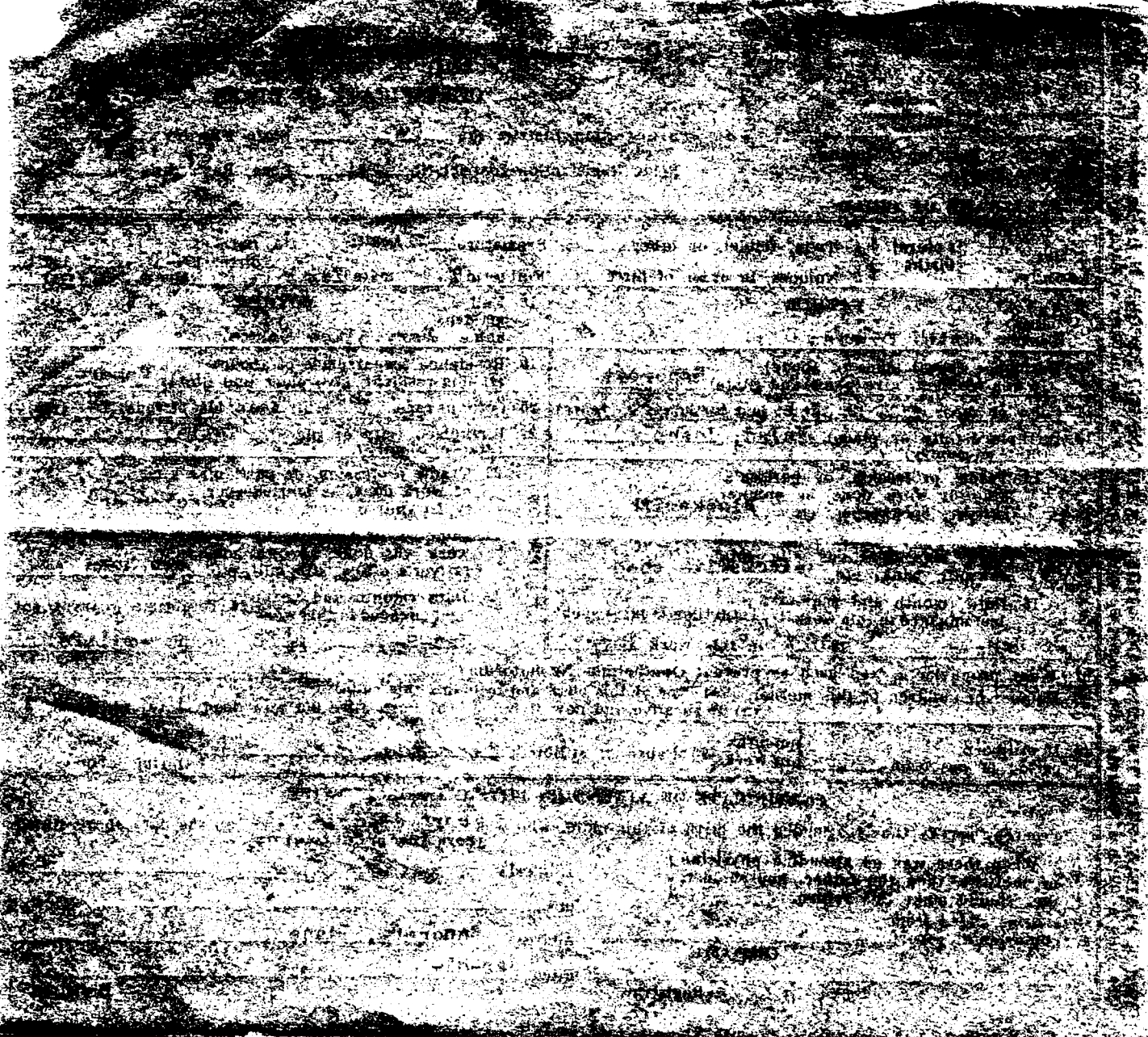
or _____, Midwife

Give name added from a supplemental report _____
(Date of) _____

Address Banoreft, Idaho

Filed Jan-31-, 1936 Mrs. J. G. Fitt
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH		State File No. <u>96869</u>	
City of <u>Bancroft, Ida.</u>		Registration District No. <u>84</u>		Local Registrar's No. <u>25</u>	
		Primary Registration District No. <u>2161</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Still birth</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Jan-10- 36</u>					
7. AGE Years		Months	Days	If LESS than 1 day, _____ hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Bancroft, Idaho</u> (State or country)					
MOTHER FATHER	13. NAME <u>Hyrum Smith Edwards,</u>				
	14. BIRTHPLACE (city or town) <u>Malad, Ida</u> (State or country)				
	15. MAIDEN NAME <u>Mary Alice Garver</u>				
16. BIRTHPLACE (city or town) <u>Twila, Utah</u> (State or country)					
17. INFORMANT <u>copy from birth report,</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bancroft,</u> Date <u>Jan-11-1936</u>					
19. UNDERTAKER <u>Had none</u> (Address)					
20. FILED <u>Jan-31-</u> , 1936 <u>Mrs. J. J. Felt</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Jan-10-</u> 1936					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan-10</u> , 193 <u>6</u> , to <u>Jan-10</u> , 193 <u>6</u> . <u>never saw him alive</u> I last saw him alive on _____, 193 <u>6</u> : death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Cause unknown</u> <u>never saw him alive</u> Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>6</u> Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>[Signature]</u> , M. D. (Address) <u>Bancroft, Idaho.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

253-228-006-317

1. PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. _____ St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Irma Aileen Beck

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
239437

Registration District No. 116 State File No. _____

Prim. Registration District No. 2195 Local Registrar's No. 8

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes _____ 8. Date of birth 1-28-36 1936 (Month, Day, Year)

9. Full name of FATHER Howard Guy Beck
10. Residence (usual place of abode) (If non-resident, give place and State) Deceased
11. Color or race _____ 12. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or country) Chester Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deceased
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name of MOTHER Mary Irma Taggart
19. Residence (usual place of abode) (If non-resident, give place and State) Aberdeen Idaho
20. Color or race _____ 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or country) South Weber Utah

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Now 1936 26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 100-silvol 10%
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ months _____ or weeks _____ 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:15 AM on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. C. McKinnon, M. D.

or _____, Midwife

Give name added from a supplemental report _____

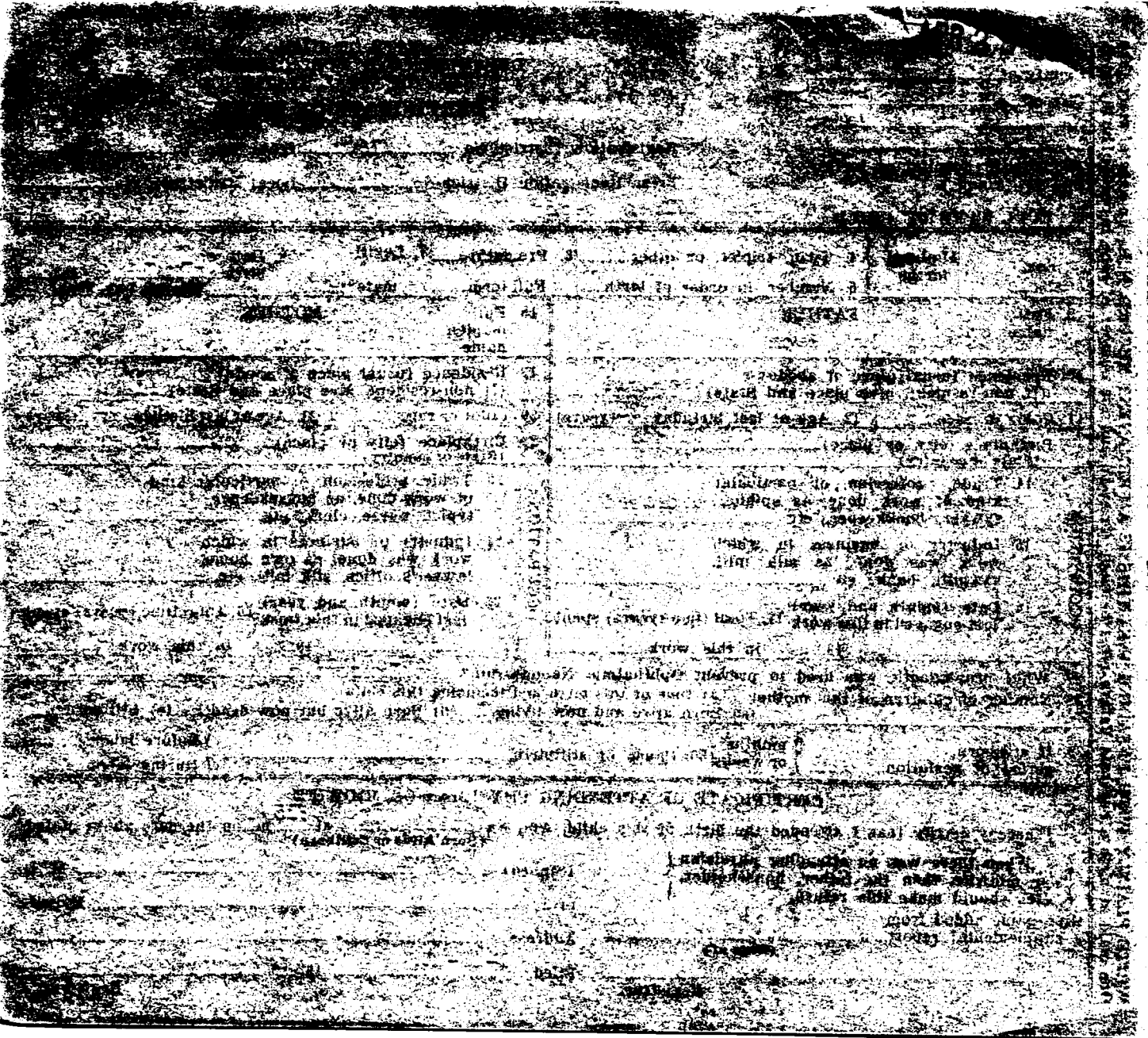
Address Aberdeen, Idaho

Filed 1-28-36 1936 M. C. McKinnon

(Date of)

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 11 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Bingham
City of Aberdeen

CERTIFICATE OF DEATH

State File No. 96892

Registration District No. 116

Primary Registration District No. 2195 Local Registrar's No. 2

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Emma Aileen Beck

(a) Residence. No. Aberdeen, Idaho St.

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, and year)
Jan 28, 1936

7. AGE Years Months Days If LESS than 1 day... hrs. or min.
--- -- --

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Stillborn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Aberdeen
(State or country) Idaho

13. NAME Howard Guy Beck

14. BIRTHPLACE (city or town) Chester
(State or country) Utah

15. MAIDEN NAME Mary Emma Taggart

16. BIRTHPLACE (city or town) South Weber
(State or country) Utah

17. INFORMANT Mrs. Howard Beck
(Address) Aberdeen, Idaho

18. BURIAL, CREMATION or EMBALMING
Place Aberdeen, Idaho Date 1-29-36

19. UNDERTAKER Friends
(Address) Aberdeen, Idaho

20. FILED 1-28-36 M. C. Mark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-28-36

22. I HEREBY CERTIFY, That I attended deceased from Stillborn 193...., to, 198....

I last saw h....alive on, 193....: death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

Intra-cranial Haemorrhage during labor

Other contributory causes of importance:
Hydrocephalus, moderate degree

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify.....

(Signed) M. C. Mark M. D.
(Address) Aberdeen, Idaho

206

APR 25 1988

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

158-114-006-695

1. PLACE OF BIRTH Bingham **FEB 6 1936 RECEIVED** STATE OF IDAHO
County of Bingham DEPARTMENT OF PUBLIC WELFARE
City of Blackfoot BUREAU OF VITAL STATISTICS
No. Beck Hospital St. Blackfoot **239463**
Registration District No. 121 State File No. S 8

(If born in hospital or institution give name.) Prim. Registration District No. 1007 Local Registrar's No. 8
2. FULL NAME OF CHILD Shelborn Meyers

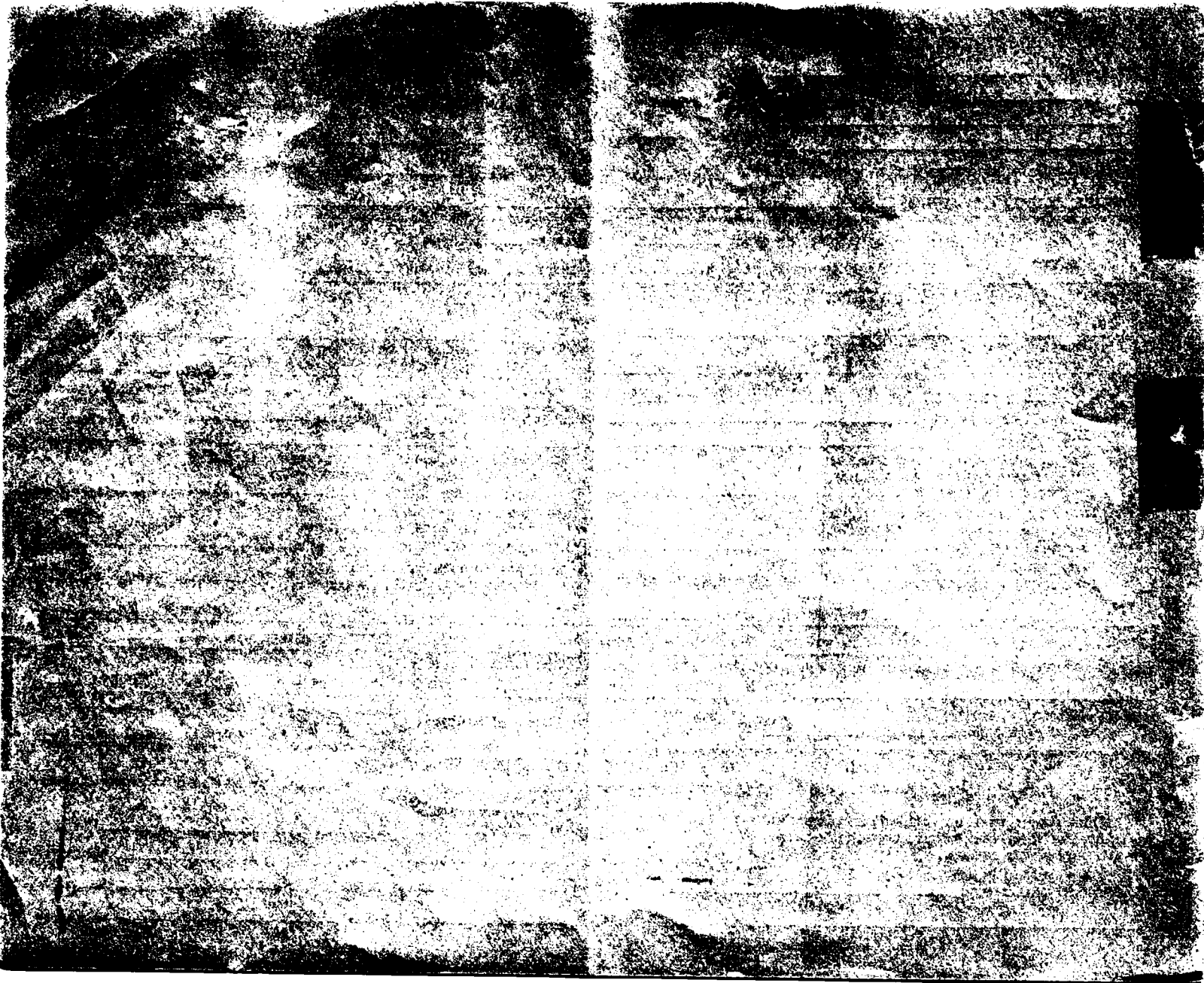
3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term Yes 7. Legitimate? Yes 8. Date of birth Jan 14, 1936 (Month, Day, Year)

9. Full name FATHER John Raymond Meyers 18. Full maiden name MOTHER Emily May Wisnill
10. Residence (usual place of abode) 802 S. Shillings 19. Residence (usual place of abode) 802 S. Shillings
(If non-resident, give place and State) Blackfoot (If non-resident, give place and State) Blackfoot
11. Color or race White 12. Age at last birthday 30 (years) 20. Color or race White 21. Age at last birthday 29 (years)
13. Birthplace (city or place) Murray UT 22. Birthplace (city or place) Sugar, Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Potatoe buyer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 2 yrs. 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 10 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 2
29. If stillborn, period of gestation Term { months or weeks _____ 30. Cause of Stillbirth Prolonged labor During labor yes Before labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Shelborn at 8:00 m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. W. W. Beck M.D.
or _____ Midwife
Address Blackfoot, Idaho
Filed Feb. 3, 1936 Mr. Walter E. Vanille Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 96895

Registration District No. 121

FEB 6 1936 RECEIVED

Primary Registration District No. 1007 Local Registrar's No. 8

(No. Back Hospital, Eagles Hotel Bldg.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Meyers, (Stillborn)

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Jan. 14, 1936

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Blackfoot, Idaho
(State or country)

13. NAME John Raymond Meyers

14. BIRTHPLACE (city or town) Murray, Utah
(State or country)

15. MAIDEN NAME Emily may Windmill

16. BIRTHPLACE (city or town) Sugar City, Idaho
(State or country)

17. INFORMANT _____
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL _____
Place Sugar City, Ida. Date Jan. 15, 1936

19. UNDERTAKER John E. Barber
(Address) Blackfoot, Idaho.

20. FILED Jan. 14, 1936 Mrs. Helen E. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1936, to Jan. 14, 1936

I last saw him Alive on Stillborn, 1936; death is said

to have occurred on the date stated above, at 8:45A m.

The principal cause of death and related causes of importance were as follows:

Prolapsed cord

Other contributory causes of importance:

Flat pelvis

Date of onset

I-14-36

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. W. Deek, M. D.

(Address) Blackfoot, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		S	
County of <u>Bingham</u>		FEB 6 1936 RECEIVED		CERTIFICATE OF BIRTH		239464			
City of <u>Blackfoot</u>		Registration District No. <u>121</u>		State File No. <u>2194</u>		Local Registrar's No. <u>10</u>			
No. <u>R-7-D-3</u>		St. _____		(If born in hospital or institution give name.)		Prim. Registration District No. <u>2194</u>		Local Registrar's No. <u>10</u>	
2. FULL NAME OF CHILD <u>Stillborn</u> <u>7 Hill</u>									
3. Sex <u>Male</u>		If plural births _____		4. Twin, triplet, or other _____		5. Number, in order of birth _____		6. Premature <u>yes</u>	
7. Legiti- <u>yes</u>		mate? <u>yes</u>		8. Date of birth <u>1-19-1936</u>		(Month, Day, Year)			
9. Full name <u>H. Ray Hill</u>					18. Full maiden name <u>Uerna Miller</u>				
10. Residence (usual place of abode) <u>Darlington</u>					19. Residence (usual place of abode) <u>Darlington</u>				
(If non-resident, give place and State) <u>Idaho</u>					(If non-resident, give place and State) <u>Idaho</u>				
11. Color or race <u>White</u>					12. Age at last birthday <u>34</u> (years)				
13. Birthplace (city or place) <u>Rudy</u>					20. Color or race <u>White</u>				
(State or Country) <u>Idaho</u>					21. Age at last birthday <u>33</u> (years)				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					22. Birthplace (city or place) <u>Murray</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____					(State or Country) <u>Idaho</u>				
16. Date (month and year) last engaged in this work <u>Present, 19</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>				
17. Total time (years) spent in this work <u>Always</u>					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>				
18. Date (month and year) last engaged in this work <u>Present, 19</u>					25. Date (month and year) last engaged in this work <u>Present, 19</u>				
26. Total time (years) spent in this work <u>14 yrs</u>									
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____									
28. Number of children of this mother (At time of this birth and including this child)									
(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>									
29. If stillborn, period of gestation <u>8 mo</u> { months or weeks									
30. Cause of Stillbirth <u>Amplified Placenta</u> During labor <u>no</u> Before labor <u>yes</u>									

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____

or _____

Address _____

Filed _____

(Born Alive or Stillborn) _____

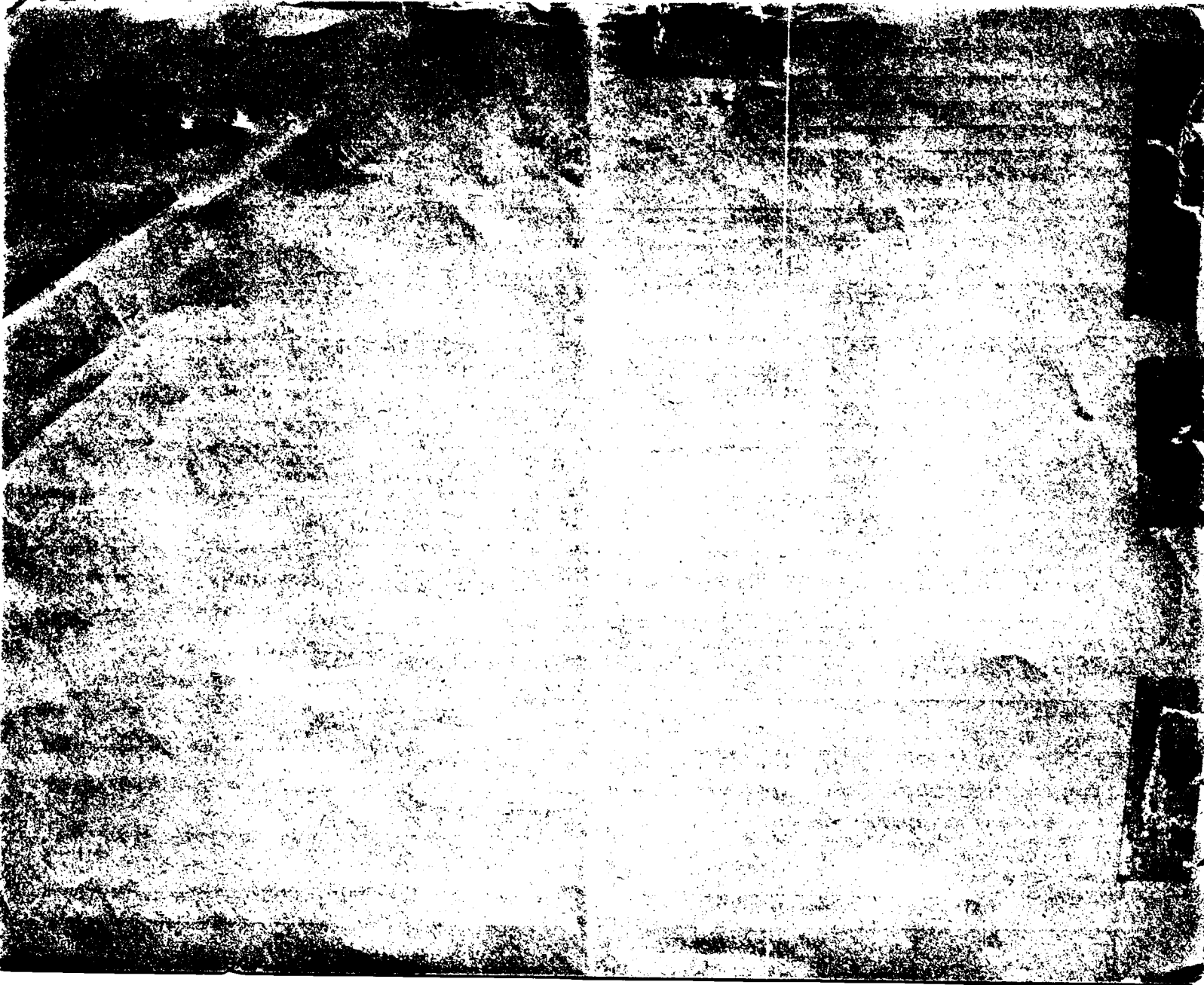
(Signed) W. D. Beck, M. D.

Midwife _____

Address Blackfoot, Ida

Filed Feb. 7, 1936 Mr. Hales & Tamm

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

96894

State File No.

FEB 6 1936 RECEIVED

Registration District No. 121Mortuary Registration District No. 2194Local Registrar's No. 9

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Hill

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>1-19-36</u>		
7. AGE Years <u>Stillborn</u>	Months _____	Days _____
		If LESS than 1 day _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (mo. and yr.) _____	
	11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho13. NAME H. Ray Hill14. BIRTHPLACE (city or town) Randy
(State or country) Idaho15. MAIDEN NAME Verna Miller16. BIRTHPLACE (city or town) Murray
(State or country) Idaho17. INFORMANT H. Ray Hill
(Address) Blackfoot, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Home City Cemetery Date Jan 2, 193619. UNDERTAKER acting H. Ray Hill
(Address) Darlington Idaho20. FILED Jan 31, 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1936, to Jan 19, 1936
I last saw him at Stillborn: death is said to have occurred on the date stated above, at 2:30 P. M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Placenta Previa
Complete

Other contributory causes of importance:

Name of operation Version Date of 1-19-36

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to ext'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) W. Beck M. D.
(Address) Blackfoot, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Clarks Fork
No. _____

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

S

FEB 6 1936 RECEIVED

CERTIFICATE OF BIRTH

239485

(If born in hospital or institution give name.)

Registration District No. 80 Stamp File No. _____

Prim. Registration District No. 2157 Local Registrar's No. 2

2. FULL NAME OF CHILD

Infant Anderson

3. Sex M If plural births } 4. Twin, triplet, or other _____ 5. Number, in order of birth 9
6. Premature _____ 7. Legiti- _____ 8. Date of birth 1-11-36 1936
(Month, Day, Year)

9. Full name FATHER
Iver Emanuel Anderson.

18. Full maiden name MOTHER
Ethel Creed.

10. Residence (usual place of abode)
(If non-resident, give place and State) _____

19. Residence (usual place of abode)
(If non-resident, give place and State) Idaho

11. Color or race W 12. Age at last birthday 39 (years)

20. Color or race W 21. Age at last birthday 35 (years)

13. Birthplace (city or place) Helena Montana
(State or country)

22. Birthplace (city or place) Chewelah
(State or country) Washington.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc House wife.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 25

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, } months } 30. Cause of stillbirth Fall
period of gestation } or weeks }

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 12 a.m. on the date above stated.
(Born ~~Alive~~ Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) P. B. Jones
or _____, Midwife

Address Clarks Fork, Ida

Filed Jan 28, 1936 Quinn Corp.

Registrar.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

2. The second part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

3. The third part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

4. The fourth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

5. The fifth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

6. The sixth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

7. The seventh part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

8. The eighth part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a very long letter, and it contains a great deal of information about the state of the country at that time. It is a very important document, and it is one of the most interesting documents in the collection.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF STATISTICS

PLACE OF DEATH
County of Bonner
City of CLARKSFORK
Registration District No. 80
Primary Registration District No. 2751

DO NOT WRITE IN THIS SPACE

96918

State File No.

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Anderson

(a) Residence. No.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Stillbirth

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan. 19, 1936

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
Stillbirth

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) Jan. 19, 1936 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) CLARKSFORK
(State or country) Idaho

13. NAME Irer Emanuel Anderson

14. BIRTHPLACE (city or town) Helena
(State or country) Mont.

15. MAIDEN NAME Ethel Creed

16. BIRTHPLACE (city or town) Chewela
(State or country) Washington

17. INFORMANT Irer Emanuel Anderson
(Address) Clarksfork, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Clarksfork, Idaho Date Jan. 20, 1936

19. UNDERTAKER Art Moon
(Address) Sandpoint, Idaho

20. FILED Jan 21, 1936 Orville Crisp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Stillbirth 193 6.

22. I HEREBY CERTIFY, That I attended deceased from

....., 193...., to 193....

I last saw h....alive on 193....: death is said

to have occurred on the date stated above, atm.

The principal cause of death and related causes of importance were as follows:

Natural Causes.Result of fall.7 mos PrematureNo medical attendance.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?.....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....(Signed) Art Moon Coroner(Address) Sandpoint, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville **FEB 8 1936 RECEIVED** STATE OF IDAHO 239529
City of Idaho Falls DEPARTMENT OF PUBLIC WELFARE
No. Idaho Falls Hospital St. Idaho Falls HOUSE OF VITAL STATISTICS
Registration District No. 73 State File No. S
(If born in hospital or institution give name) Stillborn Prim. Registration District No. 2170 Local Registrar's No. 57
2. FULL NAME OF CHILD

3. Sex Female If plural births { 4. Twin, triplet, or other no 6. Premature yes 7. Legitimate? yes 8. Date of birth Feb 3, 1936
5. Number, in order of birth 1 Full term - mate? yes (Month, Day, Year)

9. Full name FATHER Willard Louis Ball 18. Full maiden name MOTHER Ethel Singley
10. Residence (usual place of abode) I.F. Riv 3 19. Residence (usual place of abode) I.F. Riv 3
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 40 (years) 20. Color or race white 21. Age at last birthday 37 (years)
13. Birthplace (city or place) Downey Idaho 22. Birthplace (city or place) Georgia
(State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm owner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm owner 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife
16. Date (month and year) last engaged in this work Feb 2, 1936 17. Total time (years) spent in this work life
18. Date (month and year) last engaged in this work Feb 2, 1936 25. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) 14
(a) Born alive and now living 13 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 5 1/2 months or weeks { 30. Cause of stillbirth Purpura aneurys
2 1/2 weeks Before labor yes 2 wks
During labor yes 2 wks

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 3 A m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. _____
Address _____
Filed 7-4-36, 1936 _____
Registrar. _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 96922

Primary Registration District No. 13

Local Registrar's No. 27

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. Rt #3 Idaho Falls

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. Color or Race

white

5. Single, Married, Widowed or Divorced (write the word)

Infant

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of

Willard J. Ball

6. DATE OF BIRTH (month, day, and year)

Feb 3 1936

7. AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or ... min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL (Address)

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Before 2/3 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1936, to Feb 3 1936

I last saw her alive on Feb 3 1936; death is said to have occurred on the date stated above, atm.

The principal cause of death and related causes of importance were as follows:

Overexertion
Malnutrition

Other contributory causes of importance:

Name of operation none Date of.....

What test confirmed diagnosis?.... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury, 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

(Signed) W. J. Ball M. D.

(Address) Idaho Falls

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *on home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of B. A. T.

City of Arco

No. 2 St. —

Egbert Hospital
(If born in hospital or institution give name.)

FEB 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

Registration District No. 59

State File No. 239582

Prim. Registration District No. 29 Local Registrar's No. 1

2. FULL NAME OF CHILD Emma Gene Perry (Stillborn)

3. Sex Female 4. Twin, triplet, or other — 5. Number, in order of birth 1 6. Premature 7/ Legiti- mate? Yes 7. Date of birth Jan. 7, 1936 (Month, Day, Year)

9. Full name Chas. K. Perry FATHER

10. Residence (usual place of abode) Howe, Idaho (If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 24 (years)

13. Birthplace (city or place) Carbondale, Kan. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —

16. Date (month and year) last engaged in this work — 17. Total time (years) spent in this work —

18. Full maiden name Mary A. Badger MOTHER

19. Residence (usual place of abode) Howe, Idaho (If non-resident, give place and State)

20. Color or race W. 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Carbondale, Kan. (State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —

25. Date (month and year) last engaged in this work — 26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child) 23 (a) Born alive and now living 23 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 26 1/2 months or weeks 26 1/2 30. Cause of stillbirth Child found dead before labor (a) Before labor Yes (b) During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at Arco on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report — (Date of) —

Registrar.

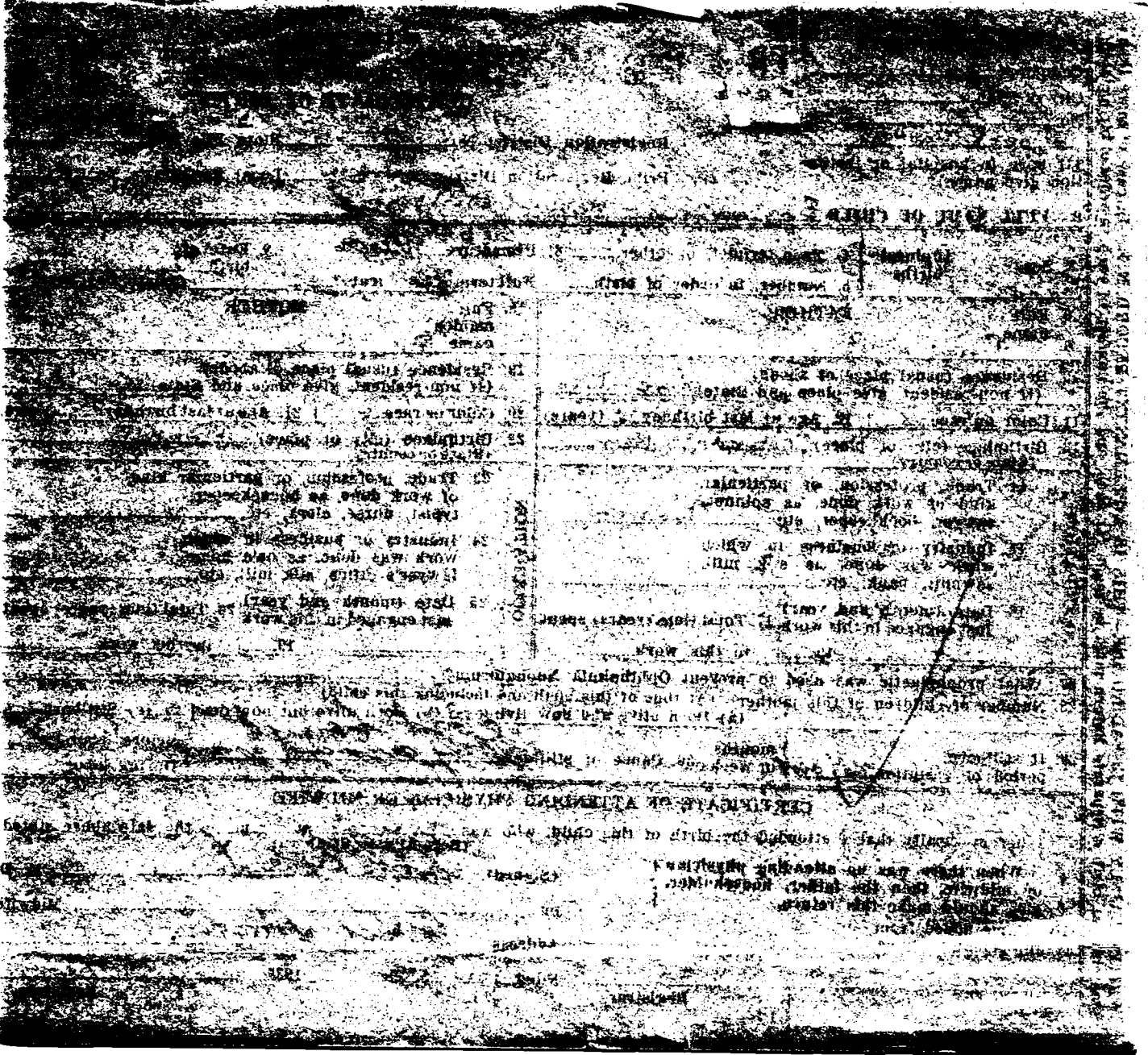
(Signed) Egbert, M. D.

or Arco, Idaho, Midwife

Address Arco, Idaho

Filed Jan 8, 1936 Mary G. Dietrich

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 4 1936 RECEIVED

PLACE OF DEATH

County of Butte

City of Arco Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 59

Primary Registration District No. 2129

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

96949

State File No.

Local Registrar's No. 1

2. FULL NAME Emma Gene Perry -

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

8. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan-7-1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Arco - Idaho
(State or country)

10. NAME OF FATHER

Chas. K. Perry

11. BIRTHPLACE OF FATHER (city or town) Carbonate
(State or Country) Kansas -

12. MAIDEN NAME OF MOTHER

Mary A. Badger -

13. BIRTHPLACE OF MOTHER (city or town) Carbonate
(State or Country) Kansas -

14. Informant Mary A. Perry -
(Address) Howe Idaho

15. Filed Jan 8, 1936 Mary G. Dietrich.
Registrar

16. DATE OF DEATH

Jan 7th 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 7, 1936, to Jan 7, 1936
that I last saw him alive on Jan 7, 1936
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:

Still birth

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. P. E. G. M. D.
Jan 8 - 1936 (Address) Arco -

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Howe - Idaho

Jan 8th 1936

20. Undertaker

Address

None -

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

FEB 6 1936 RECEIVED

1936
3
239679STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH1. PLACE OF BIRTH
County of Clearwater
City of Orofino Idaho
No. Burns Hoop St.Registration District No. 20 State File No. S

(If born in hospital or institution give name.)

Prim. Registration District No. 20 Local Registrar's No. (Stillborn)2. FULL NAME OF CHILD Marlene Phyllis Hubbeln3. Sex female If plural births { 4. Twin, triplet, or other ✓ 6. Premature no 7. Legitimate yes 8. Date of birth 1-4-1936
5. Number, in order of birth ✓ Full term yes mate? yes (Month, Day, Year)9. Full name FATHER Paul John Hubbeln18. Full maiden name MOTHER Iris M. Goffinet10. Residence (usual place of abode) (If non-resident, give place and State) Orofino19. Residence (usual place of abode) (If non-resident, give place and State) Orofino11. Color or race W 12. Age at last birthday 25 (years)20. Color or race White 21. Age at last birthday 18 (years)13. Birthplace (city or place) (State or Country) Orofino Idaho22. Birthplace (city or place) (State or Country) Prick Idaho14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓16. Date (month and year) last engaged in this work now 17. Total time (years) spent in this work 4 yrs25. Date (month and year) last engaged in this work ✓ 26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 129. If stillborn, period of gestation 9 mo { months or weeks ✓ 30. Cause of stillbirth over { Before labor no During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Stillborn) at 5:10 pm m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) W. H. Hartson, M. D.
or Orofino Idaho, Midwife
Address _____
Filed 1-31, 1936 W. H. Hartson
Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Several times but will
continue if my head so could
not deliver just enough - & was
sorry - MFR

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 6 1936 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. 9699	
County of <u>Clearwater</u>		City of <u>Orfino Idaho</u>		Registration District No. <u>20</u> Primary Registration District No. <u>2187</u>	
(No. _____)		(If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>One</u>	
2. FULL NAME <u>Marlene Phyllis Hibbler</u>		St. <u>Orfino Idaho</u>		(If nonresident give city or town and state)	
(a) Residence. No. _____		Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Stillborn</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>babes</u>					
6. DATE OF BIRTH (month, day, and year) <u>1-4-36</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>✓</u>	<u>✓</u>	<u>✓</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <u>✓</u>					
12. BIRTHPLACE (city or town) (State or country) <u>Orfino Idaho</u>					
13. NAME <u>Paul John Hibbler</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Orfino Idaho</u>					
15. MAIDEN NAME <u>Eris M. Hoffman</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Peon, Idaho</u>					
17. INFORMANT (Address) <u>Father - Orfino</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Orfino</u> Date <u>1-5</u> , 193 <u>6</u>					
19. UNDERTAKER (Address) <u>Paul J. Hibbler - Father Orfino</u>					
20. FILED <u>Jan 6</u> , 193 <u>6</u> <u>W. A. Shaver</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>1-4-1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Stillborn</u> , 193 <u>6</u> , to <u>Stillborn</u> , 193 <u>6</u> .					
I last saw him alive on <u>1-4-1936</u> ; death is said to have occurred on the date stated above, at <u>5 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Contraction of Uterus on after opening dead - Could not deliver fast enough.</u>					
Other contributory causes of importance: <u>only Broad presentation</u>					
Name of operation <u>✓</u> Date of <u>✓</u>					
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>1-4-1936</u> Where did injury occur? <u>✓</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>✓</u> Manner of injury <u>✓</u> Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>W. A. Shaver</u> , M. D. (Signed) <u>Orfino Idaho</u> (Address)					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, ~~name other important diseases or injuries.~~ **Examples:**

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FEB 6 1936 RECEIVED

Primip
normal presentationSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSS 7
1936

CERTIFICATE OF BIRTH 239683

1. PLACE OF BIRTH
County of Clearwater
City of Proفس Idaho
No. Burns Hosp. St.Registration District No. 80 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2157 Local Registrar's No. 14

2. FULL NAME OF CHILD

Benjamin Eugene Curfman(Stillborn)3. Sex
maleIf plural
births4. Twin, triplet, or other ✓6. Premature no

7. Legiti-

mate? yes8. Date of
birth Jan. 24th 1936
(Month, Day, Year)9. Full
name

FATHER

Joseph Abraham Curfman

10. Residence (usual place of abode)

(If non-resident, give place and State) Proفس R. Id.18. Full
maiden
name

MOTHER

Eugenia Ora Langdon

19. Residence (usual place of abode)

(If non-resident, give place and State) Proفس R. Id.11. Color or race White12. Age at last birthday 40 (years)20. Color or race White21. Age at last birthday 21 (years)13. Birthplace (city or place)
(State or Country)Oregon22. Birthplace (city or place)
(State or Country)Mohler Idaho14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Rancher23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.Housewife15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.Ranch24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.✓16. Date (month and year)
last engaged in this worknow17. Total time (years) spent
last engaged in this workalways25. Date (month and year)
last engaged in this work✓26. Total time (years) spent
last engaged in this work✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn one29. If stillborn,
period of gestationfull term{ months
or weeks

30. Cause of stillbirth

{ Before labor 2
During labor 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 a.m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.Give name added from
a supplemental report

(Date of)

(Signed)

M. Robertson

M. D.

or

Address

Proفس, Idaho

Midwife

Filed

1-31

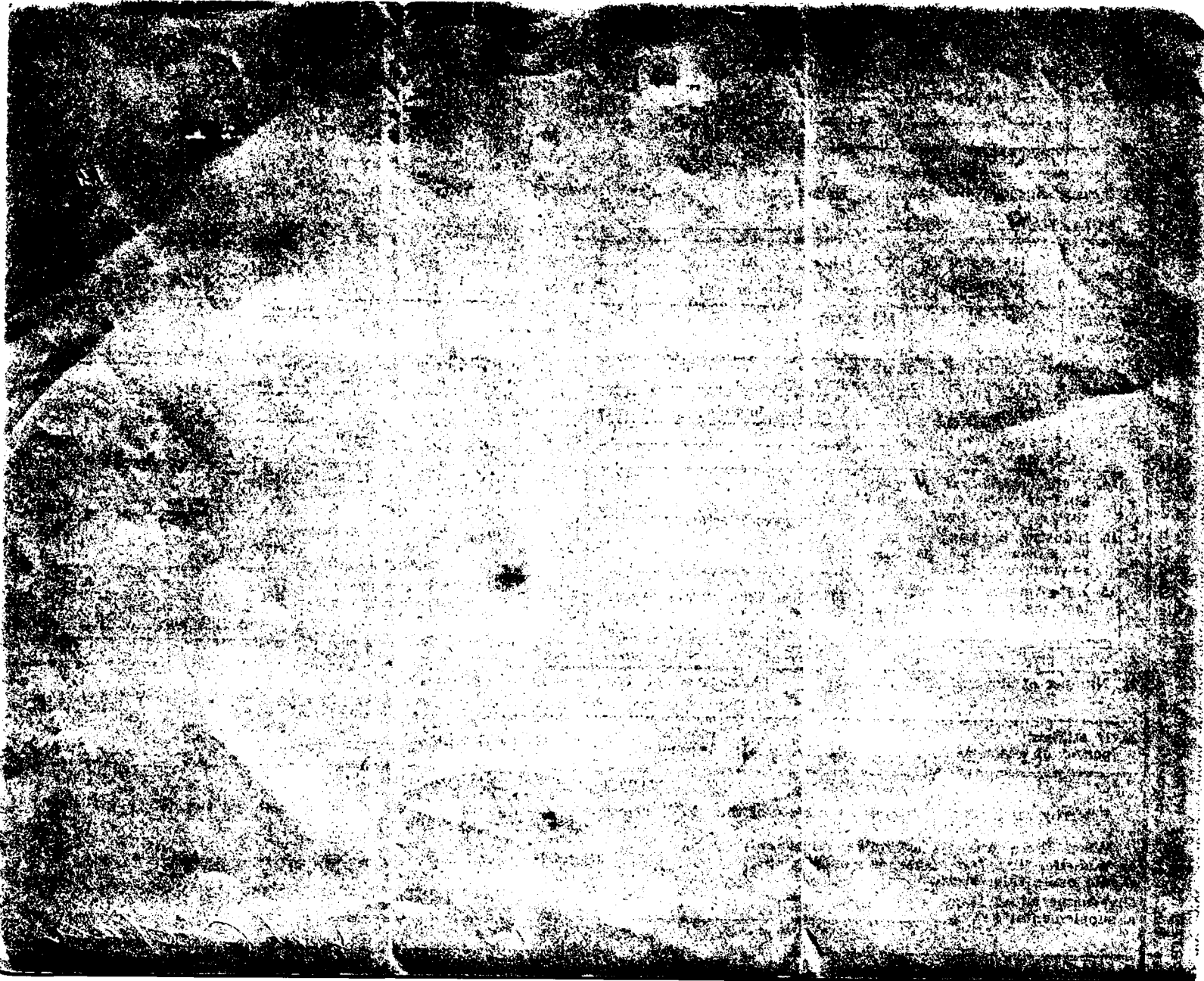
1936

V. A. Shaw

Registrar

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Clearwater</u>		BUREAU OF VITAL STATISTICS		State File No. <u>97001</u>	
City of <u>Profess</u>		Registration District No. <u>80</u>		Local Registrar's No. <u>970</u>	
FEB 6 1936		RECEIVED			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Benjamin Eugene Curfman, (Stillborn)</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. <u>4</u> yrs. <u>4</u> mos. <u>4</u> ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>✓</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>1-24-36</u>					
7. AGE Years <u>✓</u>		Months <u>✓</u>		Days <u>✓</u>	
				If LESS than 1 day, hrs. or min. <u>✓</u>	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation <u>✓</u>					
12. BIRTHPLACE (city or town) <u>Profess Idaho</u> (State or country) <u>Bushy Branch</u>					
MOTHER FATHER					
13. NAME <u>Joseph Abraham Curfman</u>					
14. BIRTHPLACE (city or town) <u>Profess</u> (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Eugenia Ora Langdon</u>					
16. BIRTHPLACE (city or town) <u>Mohler Idaho</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>Mother</u> (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bushy Branch</u> Date <u>1-25-1936</u>					
19. UNDERTAKER <u>J. A. Curfman</u> (Address) _____					
20. FILED <u>1-25-1936</u> <u>W. A. Curfman</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>1-24-1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.					
I last saw h_____ alive on _____, 193____; death is said to have occurred on the date stated above, at <u>11:50 am</u> m.					
The principal cause of death and related causes of importance were as follows: _____					
Date of onset _____					

Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>✓</u>					
If so, specify _____					
(Signed) <u>W. A. Curfman</u> , M. D.					
(Address) <u>Profess Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*Have had 1500 cc. of hematuria - also had
2 weeks ago and 1 week ago. This report
is for the purpose of the report.*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

346-129-021-566

PLACE OF BIRTH
County of Franklin
City of Preston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 13 1936 RECEIVED

CERTIFICATE OF BIRTH

S 239693

General Memorial Hosp. St. Registration District No. 27 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2119 Local Registrar's No. 14

2. FULL NAME OF CHILD Stillborn Baby Boy Crowe

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>1</u>	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan 29</u> , 19 <u>36</u> (Month, Day, Year)
-----------------------	--	--	---------------------------	---

9. Full name <u>Jimmy L. Crowe</u>	FATHER	18. Full maiden name <u>Blanche Howell</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Ogden, Utah</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Ogden, Utah</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>37</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>36</u> (years)
13. Birthplace (city or place) (State or Country) <u>Clarksville, Mo.</u>		22. Birthplace (city or place) (State or Country) <u>Clifton, Ida.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrician</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation _____ { months _____ or weeks _____

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:40 a.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) J. A. Cutler, M. D.
or _____, Midwife

Address Preston, Idaho
Filed Feb 8, 1936 G. W. State
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		97014	
County of <u>Franklin</u>		Registration District No. <u>27</u>		State File No. <u>97014</u>	
City of <u>Preston</u>		Primary Registration District No. <u>2119</u>		Local Registrar's No. <u>6</u>	
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Stillborn Crowe</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Jan 29 1936</u>					
7. AGE Years _____ Months _____ Days _____		If LESS than 1 day... hrs. or min. <u>Stillborn</u>			
OCCUPATION		8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, hookkeeper, etc.</u> <u>None</u>			
		9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>			
		10. Date deceased last worked at this occupation (mo. and yr.) _____			
		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (State or country) <u>Preston Idaho</u>					
MOTHER/FATHER		13. NAME <u>Jimmy L Crowe</u>			
		14. BIRTHPLACE (city or town) (State or country) <u>Clerkville Mo.</u>			
		15. MAIDEN NAME <u>Blanche Howell</u>			
		16. BIRTHPLACE (city or town) (State or country) <u>Ogden Utah</u>			
		17. INFORMANT <u>Jimmy L Crowe</u> (Address) <u>Ogden Utah</u>			
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Clifton</u> Date <u>1 29</u> , 193 <u>6</u>					
19. UNDERTAKER <u>None</u> (Address) _____					
20. FILED <u>Feb 8</u> , 193 <u>6</u> <u>G. W. Stahle</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>1 29 1936</u>					
22. I HEREBY CERTIFY That I attended deceased from <u>1-29</u> , 193 <u>6</u> , to <u>1-29</u> , 193 <u>6</u> .					
I last saw h... alive on _____, 193...; death was said to have occurred on the date stated above, at <u>11 P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u> <u>Birth injury</u> <u>Insufficient delivery</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? ... Was there an autopsy? ..					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? ... Date of injury... 193 <u>6</u> .					
Where did injury occur? ... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? ... If so specify _____					
(Signed) <u>G. W. Stahle</u> M. D.					
(Address) _____					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding
City of Gooding
No. Gooding St. Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

FEB 10 1936

RECEIVED

DATE OF BIRTH 239739

Registration District No. 24 State File No. 464
Prim. Registration District No. Stillborn Local Registrar's No. 464

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimacy <u>yes</u>	Date of birth <u>1/8</u>	<u>1936</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)	

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 0
Born alive but now dead 0 Stillborn 1

FATHER	MOTHER
FULL NAME <u>Emery Young Smith</u>	FULL MAIDEN NAME <u>Estelle Ann Livingston</u>
Residence (Usual place of abode) <u>Gooding Idaho</u>	Residence (Usual place of abode) <u>Gooding Idaho</u>
If non-resident, give place and State <u>Idaho</u>	If non-resident, give place and State <u>Idaho</u>
Color or race <u>White</u> Age at last birthday <u>27</u> (Years)	Color or race <u>White</u> Age at last birthday <u>19</u> (Years)
Birthplace <u>Salt Lake City Utah</u> (City and State or County)	Birthplace <u>South Dakota</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:45 A.M. on the date above stated.

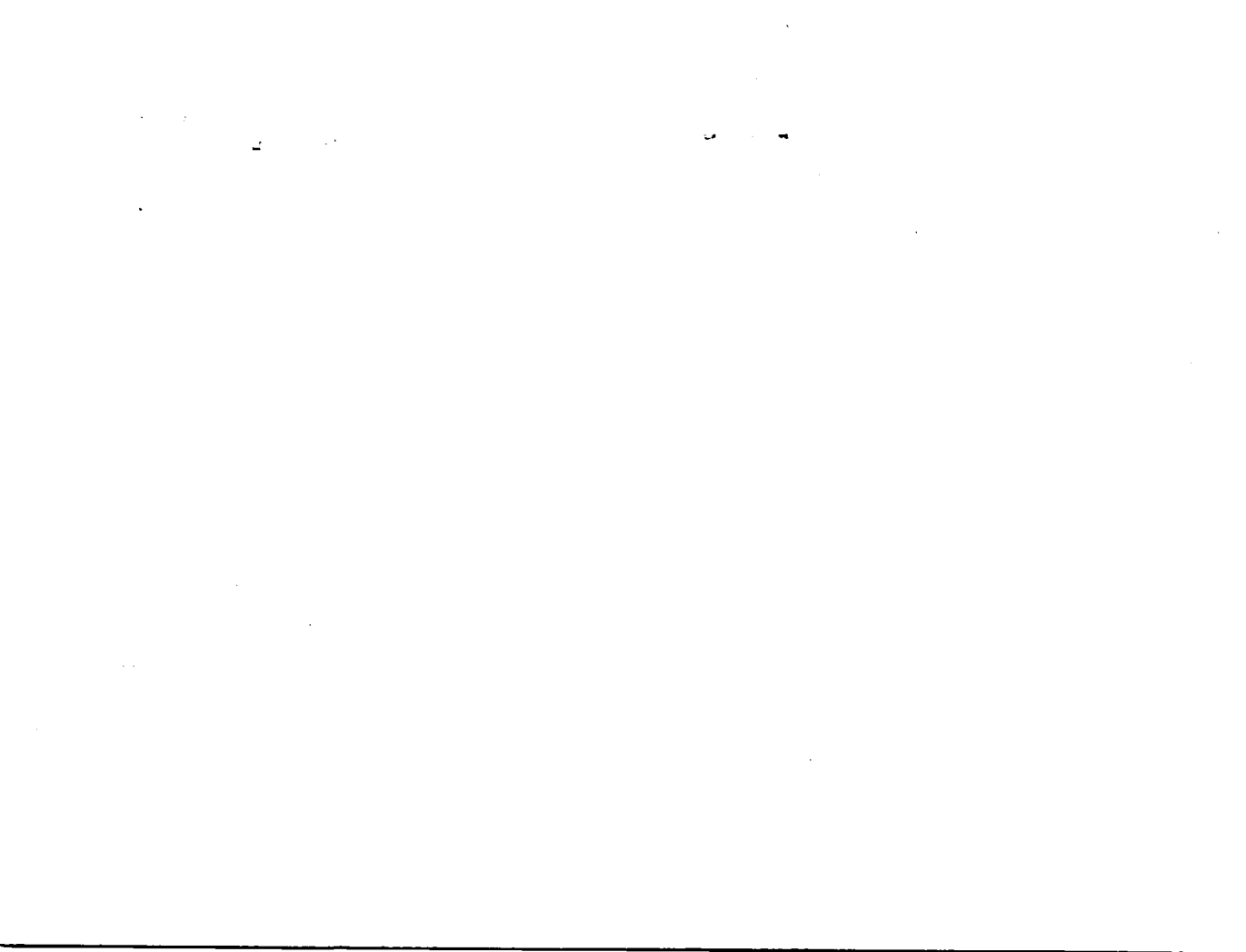
(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) J. H. Crumwell

(Physician or midwife)

Address Gooding Idaho

Filed 1-31-1936 J. H. Crumwell Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Gooding</u>		CERTIFICATE OF DEATH		State File No. <u>97020</u>	
City of <u>Gooding</u>		Registration District No. <u>24</u>		Local Registrar's No. <u>647</u>	
10 1936 RECEIVED		Primary Registration District No. _____			
2. FULL NAME <u>Stillborn infant, female</u>					
(a) Residence. No. <u>Gooding</u>		St. _____			
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced					
HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>1/8/36</u>					
7. AGE Years Months Days If LESS than 1 day, hrs. or min.					
<u>Stillborn</u>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Gooding Idaho</u>					
MOTHER FATHER					
13. NAME <u>Emery Young Smith</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Salt Lake City Utah</u>					
15. MAIDEN NAME <u>Estella Emma Bevington</u>					
16. BIRTHPLACE (city or town) (State or country) <u>North Dakota</u>					
17. INFORMANT <u>Emery Y. Smith</u>					
(Address)					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Gooding</u> Date <u>1/8</u> , 193 <u>6</u>					
19. UNDERTAKER <u>W. C. Thompson</u>					
(Address)					
20. FILED <u>1-31</u> , 193 <u>6</u> <u>J. H. Amundson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>1/8</u> , 193 <u>6</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>1/8/36</u> birth, 193 <u>6</u> , to <u>1/8/36</u> , 193 <u>6</u> .					
I last saw him/her on <u>1/8/36</u> , 193 <u>6</u> ; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					
Date of onset: <u>1/8/36</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>6</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>J. H. Amundson</u> M. D.					
(Address) <u>Gooding Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH Idaho **FEB 4 1936** RECEIVED **STATE OF IDAHO**
County of Payson **DEPARTMENT OF PUBLIC WELFARE** **239752**
City of Riggins **IDAHO** **BUREAU OF VITAL STATISTICS**
No. _____ St. _____ **CERTIFICATE OF BIRTH** **S**
Registration District No. 103 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2181 Local Registrar's No. 1

2. FULL NAME OF CHILD Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature 2 7. Legitimate? yes 8. Date of birth Jan 23, 1936
(Month, Day, Year)

9. Full name FATHER Willis Curtis 18. Full maiden name MOTHER Mary B. Rounds

10. Residence (usual place of abode) Riggins 19. Residence (usual place of abode) Riggins Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 55 (years) 20. Color or race White 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Clinton Mo 22. Birthplace (city or place) Edwards N.Y.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner 54y 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. sawmill 154y 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work at present, 19 17. Total time (years) spent in this work 6 y 25. Date (month and year) last engaged in this work none, 19 26. Total time (years) spent in this work 14

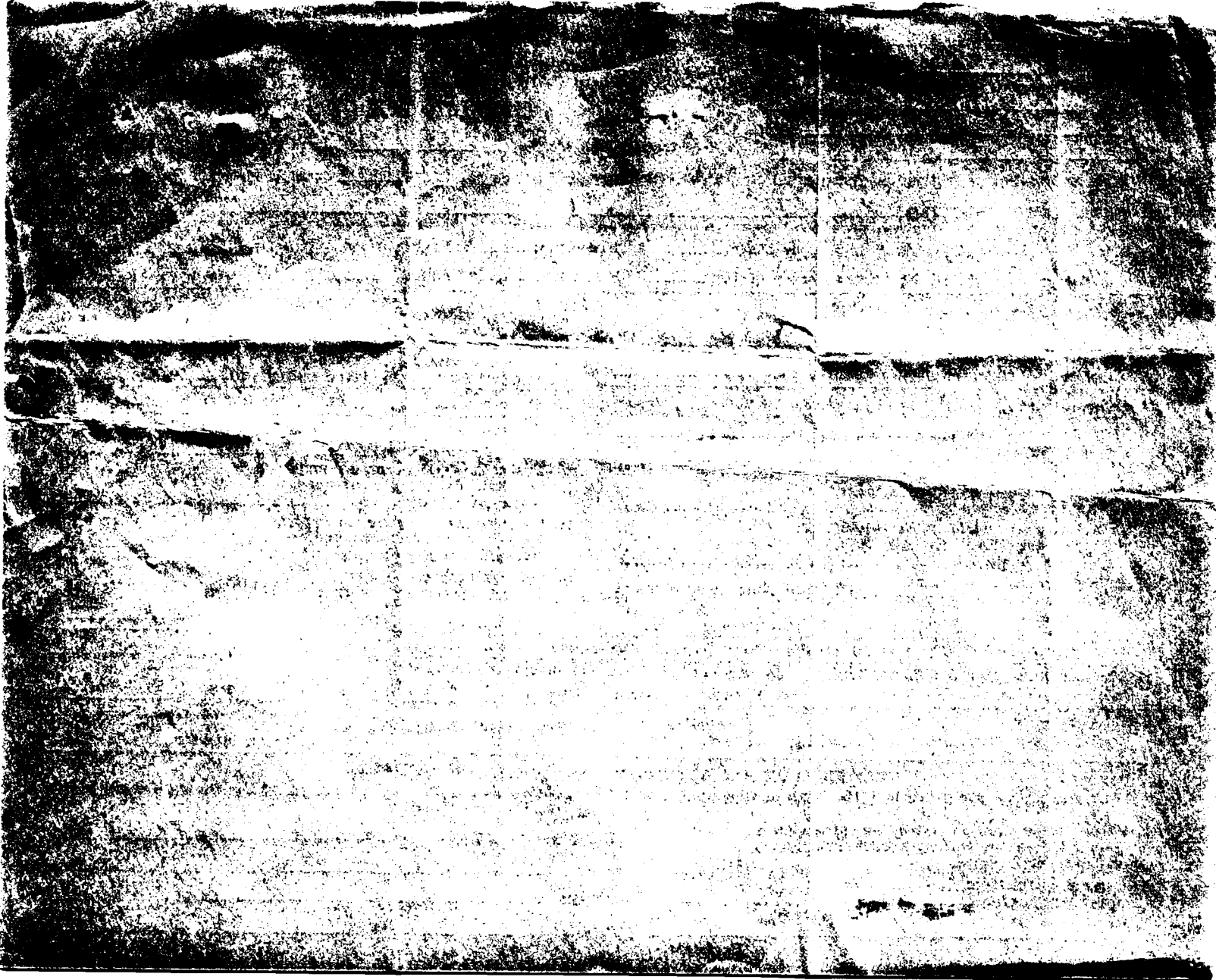
27. What prophylactic was used to prevent Ophthalmia Neonatorum? no

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation 7 mo { months or weeks 30. Cause of Stillbirth unknown (Before labor yes During labor _____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 9 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. Harry E. Allen Capt med Res. Midwife B. Chipman
Address Riggins Idaho Camp R 107
Filed Feb 1, 1936 Registrar.



WHILE FLANKED, WITH UNFADING INK, THIS IS A PERMANENT RECORD. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho
City of PeggySTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97036Registration District No. 103Registration District No. 2181Local Registrar's No. 4

FEB 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 23 - 1936

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Willis Curtis14. BIRTHPLACE (city or town) (State or country) mo15. MAIDEN NAME Mary B Rounds16. BIRTHPLACE (city or town) (State or country) N.Y.17. INFORMANT (Address) Willis Curtis

18. BURIAL, CREMATION OR REMOVAL

Place Date Jan 23, 1936

19. UNDERTAKER (Address)

20. FILED Feb 1, 1936 B. Chipman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1936

22. I HEREBY CERTIFY, That I attended deceased from 193...., to 193....

I last saw h... alive on 193.... death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193....

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. B. Chipman M. D.(Address) Peggy

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

493-102-027-367
 PLACE OF BIRTH
 County of Jerome
 City of Jerome
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

239780

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 18 Local Registrar's No. _____

2. FULL NAME OF CHILD Arthur Dale Miller

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth Febr 2 1936 (Month, Day, Year).

9. Full name FATHER Henry Newton Miller 18. Full maiden name MOTHER Allie Cox

10. Residence (usual place of abode) Jerome Ida 19. Residence (usual place of abode) Jerome Ida (If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 63 (years) 20. Color or race White 21. Age at last birthday 25 (years)

13. Birthplace (city or place) West Plains Mo- 22. Birthplace (city or place) Idaho, Mo. (State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Genl 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Feb 1936 17. Total time (years) spent in this work 45 25. Date (month and year) last engaged in this work Feb 1936 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Full Term { months or weeks _____ 30. Cause of stillbirth Not known { Before labor Not known During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Reuben C. Matson, M. D.

or _____, Midwife

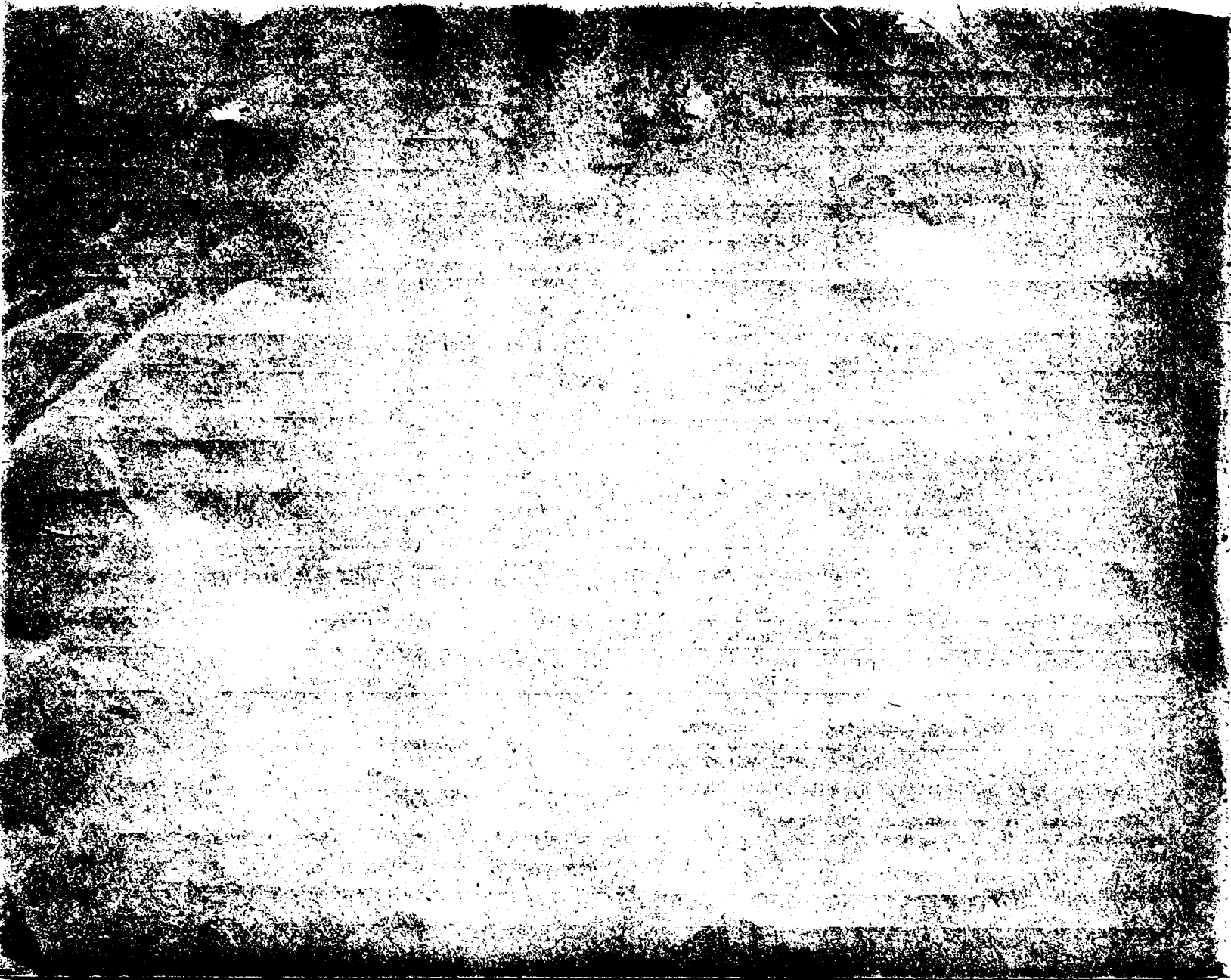
Address Jerome Ida

Filed 20-7, 1936 C. F. Zeller

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 12 1936 RECEIVED

PLACER COUNTY, IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County of Jerome
City of 2 mi. S.W. June
Registration District No.

DO NOT WRITE IN THIS SPACE
97043
State File No.

Primary Registration District No. Local Registrar's No.

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Arthur Dale Miller

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day, and year) <u>Feb 2, 1934</u>				
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as <u>plumber, sawyer, bookkeeper, etc.</u>				
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>				
10. Date deceased last worked at this occupation (mo. and yr.)				
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>June Idaho</u>				
13. NAME <u>A M Miller</u>				
14. BIRTHPLACE (city or town) (State or country) <u>Powell Co. Missouri</u>				
15. MAIDEN NAME <u>Allie Cox</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Haven Missouri</u>				
17. INFORMANT <u>A M Miller</u> (Address) <u>Jerome Idaho</u>				
18. BURIAL, CREMATION OR REMOVAL Place <u>Jerome Cem</u> Date <u>Feb 5, 1936</u>				
19. UNDERTAKER <u>J R W. Day</u> (Address) <u>Jerome Idaho</u>				
20. FILED <u>2/4, 1936</u> <u>C. F. Zeller</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day and year) <u>Feb 2, 1936</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Stillborn</u> , 193....	
I last saw h... alive on, 193....; death is said to have occurred on the date stated above, atm.	
The principal cause of death and related causes of importance were as follows:	
<u>Stillborn</u>	Date of onset
Other contributory causes of importance:	
Name of operation..... Date of.....	
What test confirmed diagnosis?.. Was there an autopsy?.. <u>No</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193....	
Where did injury occur?..... (Specify city or town, county, and state)	
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury.....	
Nature of injury.....	
24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....	
(Signed) <u>Reuben C. Matson</u> M. D.	
(Address)	

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2209 433-102-233-655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
 County of Madison
 City of Rexburg
 No. Sutherland Hospital
 (If born in hospital or institution give name.)
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BIRTH STATISTICS
 FEB 11 1936 RECEIVED
 CERTIFICATE OF BIRTH
 239866
 S

Registration District No. 100 State File No. _____
 Prim. Registration District No. 2128 Local Registrar's No. 1

2. FULL NAME OF CHILD

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature _____ Full term ☒
 7. Legitimate? Yes
 8. Date of birth Feb 2, 1936
 (Month, Day, Year)

9. Full name James Taylor E. Tate FATHER
 10. Residence (usual place of abode) Rexburg Idaho
 (If non-resident, give place and State)
 11. Color or race White 12. Age at last birthday 46 (years)
 13. Birthplace (city or place) Idaho
 (State or Country)
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work Jan, 1936
 17. Total time (years) spent in this work _____
 18. Full maiden name Bessie A. Zeil MOTHER
 19. Residence (usual place of abode) Rexburg Idaho
 (If non-resident, give place and State)
 20. Color or race White 21. Age at last birthday 38 (years)
 22. Birthplace (city or place) Idaho
 (State or Country)
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 25. Date (month and year) last engaged in this work _____, 19____
 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1
 29. If stillborn, period of gestation Full term { months _____ or weeks _____
 30. Cause of stillbirth Hepatitis of mother { Before labor 10 days During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was Stillborn at 4:40 m. on the date above stated.
 (Born Alive or Stillborn)
 When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report _____
 (Date of) _____

(Signed) Larin J. Rich, M. D.
 or _____
 Address Rexburg Idaho
 Filed 2-7, 1936 Mrs H E Young
 Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGU-PATION is very important. See instruction on back of certificate.

FEB 11 1936
PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Madison

City of Rexburg

CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 2178

State File No. 97083

Local Registrar's No. 4

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Shelborn McFate

(a) Residence. No. _____ St. _____

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced Married (Write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Lied before birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Irvin J. McFate

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Berine O'Neil

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Irvin J. McFate

18. BURIAL, CREMATION, OR REMOVAL Place Archer Date 2-3, 1936

19. UNDERTAKER (Address) none

20. FILED 2-7, 1936 Mrs. H. E. Young Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1936, to Feb 2, 1936

I last saw him alive or dead, 1936; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Shelborn

Macerated foetus

Other contributory causes of importance:

Neuritis of Mother

Caesarian operation - birth

Name of operation laboratory Date of

What test confirmed diagnosis? laboratory Was there an autopsy?

23. If death was due to external causes (violence, fall, etc.) also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Larry A. Rich, M. D.

(Address) Rexburg Idaho

36

UNITED STATES STANDARD CERTIFICATE OF DEATH - 2

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

433-206-235-819
1. PLACE OF BIRTH
County of Pay City of Lewiston
No. St Josephs St.
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD M^c Laughlin Pearl Jean
3. Sex F. If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....
6. Premature yes 7. Legiti- mate? yes 8. Date of birth Feb 10, 1936.
(Month, Day, Year)
9. Full name FATHER Harold M^c Laughlin 18. Full maiden name MOTHER Dolly Haines
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston 19. Residence (usual place of abode) (If non-resident, give place and State).....
11. Color or race W. 12. Age at last birthday 37 (years) 20. Color or race..... 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Miner 22. Birthplace (city or place) (State or Country) Renewa Wn
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumberman 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work
27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother / (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead..... (c) Stillborn X
29. If stillborn, period of gestation about 5 mo. { months or weeks 30. Cause of Stillbirth Unknown { Before labor X During labor C

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 11 am on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

(Date of).....

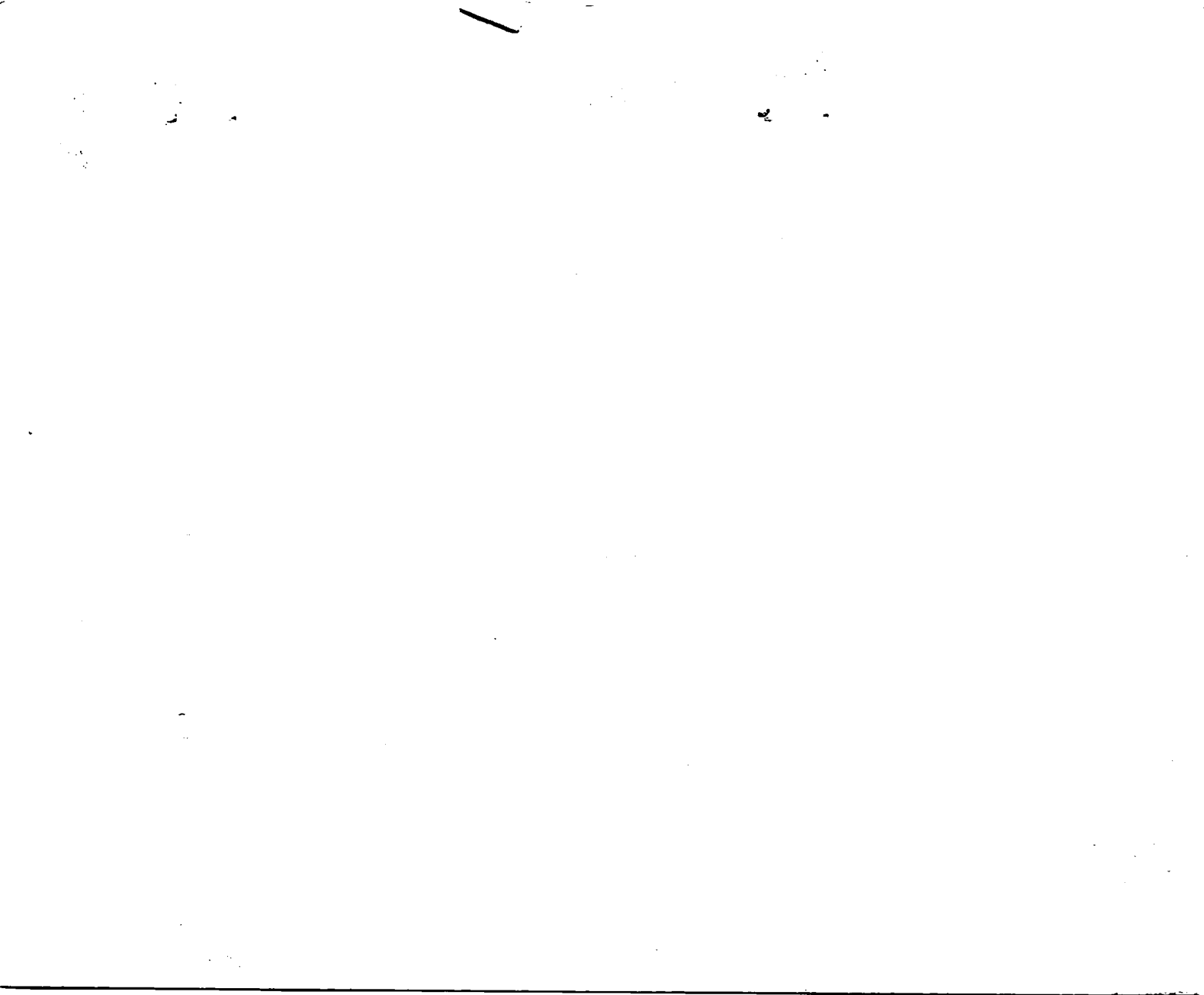
Registrar.

(Signed) Randy Hume, M. D.

or Midwife

Address Lewiston Idaho

Filed Feb 10, 1936 J M Lyle Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		97122	
County of <u>Nevada</u>	City of <u>Lewiston</u>	Registration District No. <u>1009</u>		State File No. _____	
FEB 1 1936 RECEIVED		Registration District No. <u>96</u>		Local Registrar's No. _____	
(No. <u>St. Joseph's Hospital</u>)		(If death occurred in a hospital or institution give its name instead of street and number)		206	
2. FULL NAME <u>Pearl Jean McLaughlin</u>		(a) Residence. No. <u>Prye Hotel</u>		St. _____	
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>Jan-6-1936</u>					
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Lewiston</u> (State or country) <u>Idaho</u>					
13. NAME <u>Harold McLaughlin</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Minnesota</u>					
15. MAIDEN NAME <u>Dollie Haines</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Pennsylvania</u>					
17. INFORMANT <u>Harold McLaughlin</u> (Address) <u>Lewiston Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Lewiston Ida</u> Date <u>Jan 7, 1936</u>					
19. UNDERTAKER <u>Brower Haines Co.</u> (Address) <u>Lewiston, Ida</u>					
20. FILED <u>Feb 1, 1936</u> Registrar. <u>Boyle</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Jan 6 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 6</u> , 193 <u>6</u> to <u>Jan 6</u> , 193 <u>6</u>					
I last saw her alive on <u>Jan 6</u> , 193 <u>6</u> death is said to have occurred on the date stated above, at <u>H. A.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Premature</u>					
<u>infant 5-6</u>					
<u>months</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>6</u>					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> If so, specify _____					
(Signed) <u>Boyle</u> , M. D.					
(Address) <u>Lewiston Ida</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

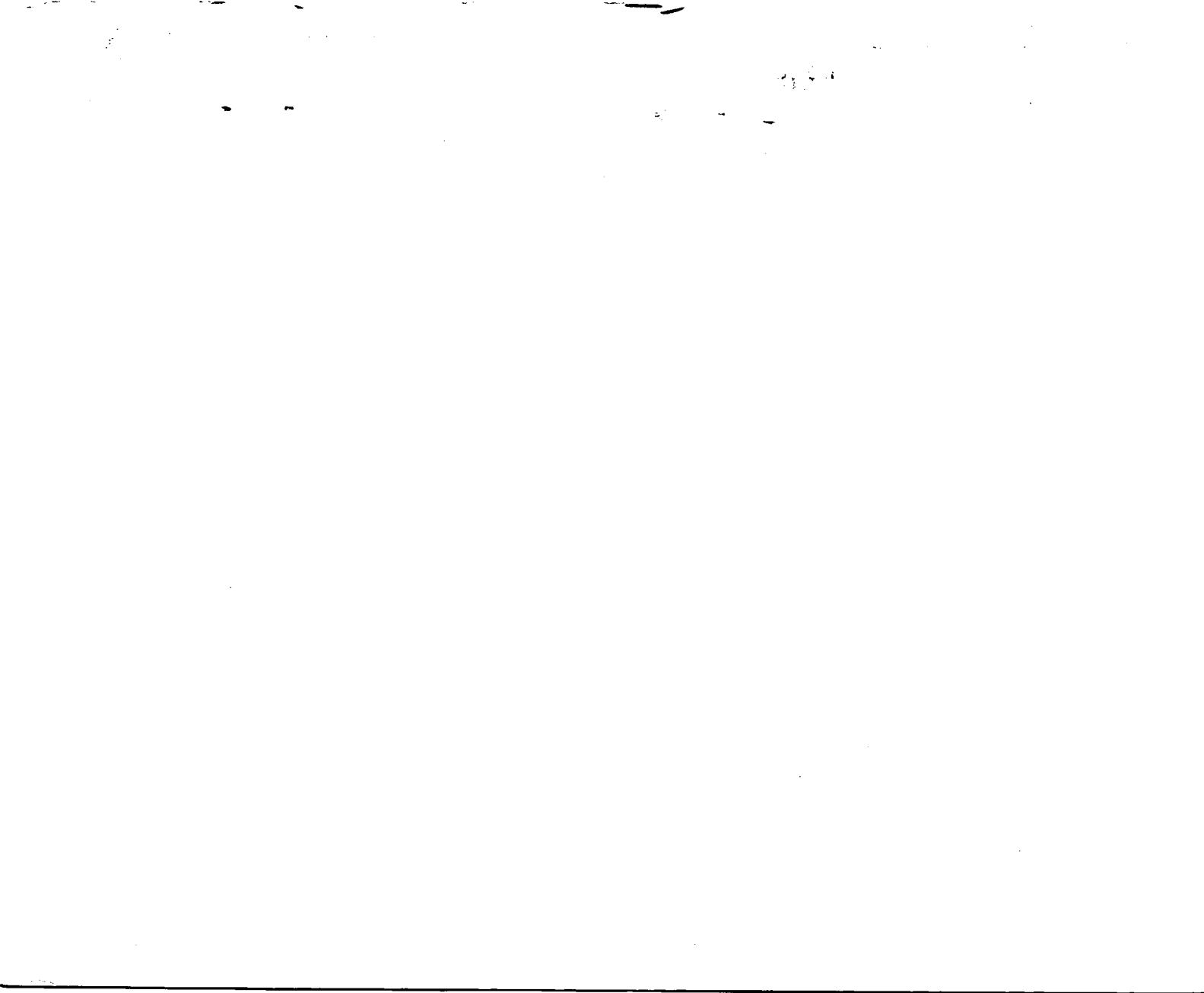
552-118-035-986

1. PLACE OF BIRTH
County of Boz Perre
City of Lewiston
No. St Joseph's Hospital Registration District No. 1009 State File No. _____
(If born in hospital or institution give name.) Prim Registration District No. 96 Local Registrar's No. _____

2. FULL NAME OF CHILD Baby Bay Enser

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Jan. 18, 1936
(Month, Day, Year)

9. Full name Lawrence Enser FATHER 18. Full maiden name Evelyn Rhodes MOTHER
10. Residence (usual place of abode) Caldesee 19. Residence (usual place of abode) Caldesee
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 24 (years) 20. Color or race W 21. Age at last birthday 20 (years)
13. Birthplace (city or place) Idaho (State or Country) 22. Birthplace (city or place) Idaho (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate 1%
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation 9 months { months or weeks _____ 30. Cause of Stillbirth Birth { Before labor _____ During labor _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Still born at 10:45 P. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____
Registrar. E. J. Broadach, M. D.
or _____, Midwife
Address Lewiston, Idaho
Filed Feb 8, 1936 J. M. Lyle
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Naz Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97093Registration District No. 1009Primary Registration District No. 96Local Registrar's No. 206

FEB 13 1936 RECEIVED
Place of death (If at a hospital or institution, give its name instead of street and number) St. Joseph's Hospital

2. FULL NAME Baby Enser

(a) Residence. No. _____

(Usual place of abode)

St. _____

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

Still Born

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
--- --- ---

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

13. NAME Lawrence Enser

14. BIRTHPLACE (city or town) Minn.
(State or country)

15. MAIDEN NAME Evylin Rhodes

16. BIRTHPLACE (city or town) Ruebens
(State or country) Idaho

17. INFORMANT F. E. Rhodes
(Address) Caldesac, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Jan. 20... Clarkston Wash., 193...

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Washington

20. FILED Feb. 8, 1936 J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1936, to Jan. 19, 1936.

I last saw him alive on Jan. 19, 1936; death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Birth Injury
Fracture skull
Born at term

Date of onset

1-19-36

Other contributory causes of importance:

Polyhydramnios
mother

1935-

Name of operation _____ Date of _____

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury, 193...

Where did injury occur? ... Date of injury, 193...

(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. St. Joseph's Hospital, Lewiston

Manner of injury Birth injury
Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Ever Braddock M. D.
(Address) Lewiston Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

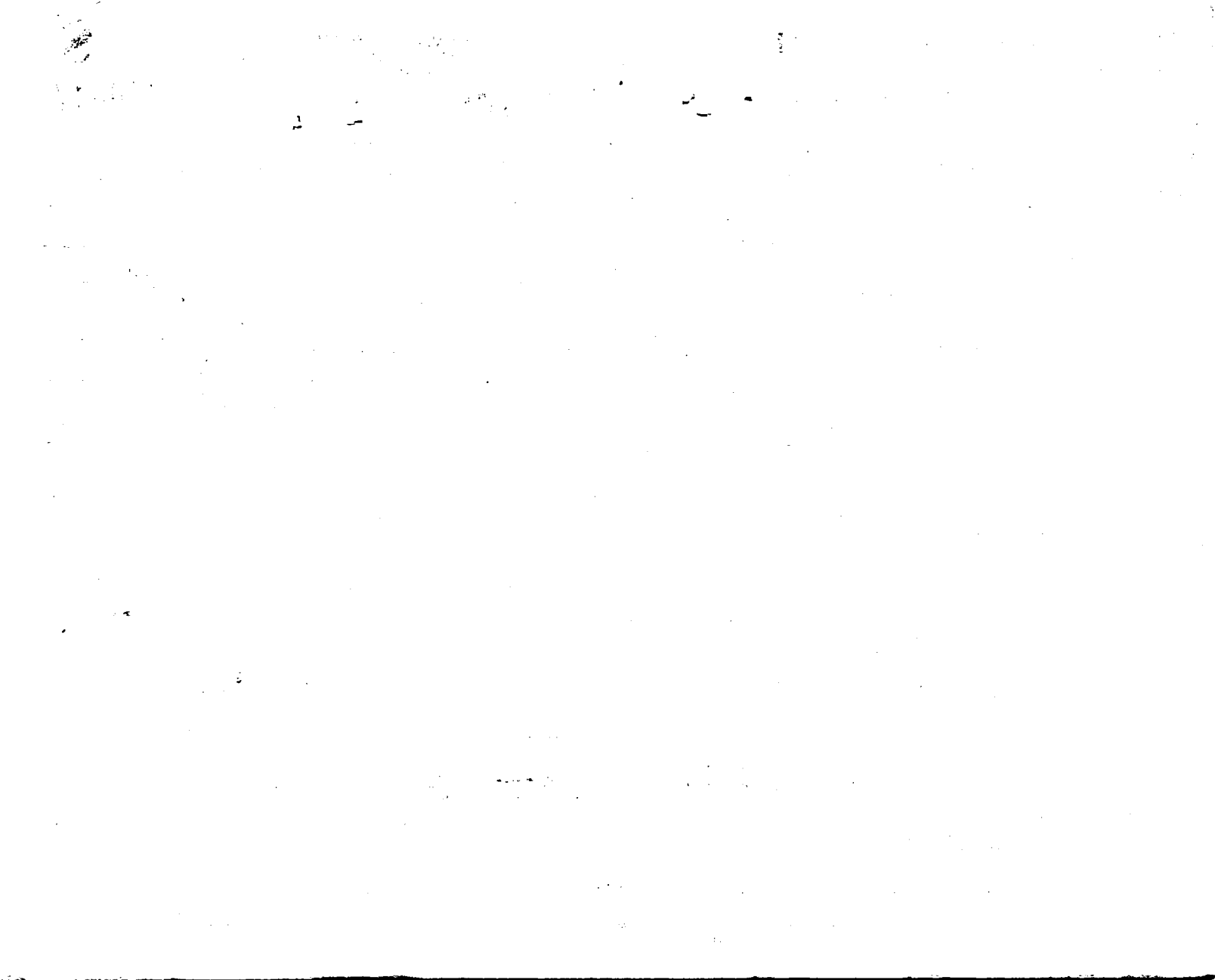
Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		S	
County of <u>Twin Falls</u>		FEB 11 1936		RECEIVED		CERTIFICATE OF BIRTH		240011	
City of <u>Twin Falls</u>		No. _____ St. _____		Registration District No. <u>37</u>		State File No. _____			
(If born in hospital or institution give name.)		Prim. Registration District No. <u>11845</u>		Local Registrar's No. <u>11</u>					
2. FULL NAME OF CHILD <u>Baby Dodson</u>									
3. Sex <u>M</u>		If plural births {		4. Twin, triplet, or other. _____		6. Premature. _____		7. Legiti- mate? <u>yes</u>	
		5. Number, in order of birth _____		Full term <u>yes</u>				8. Date of birth <u>Jan 9, 1936</u> (Month, Day, Year)	
9. Full name <u>Fay Marian Dodson</u>					18. Full maiden name <u>Ima Lathrom</u>				
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>					19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>				
11. Color or race <u>W</u>					12. Age at last birthday <u>23</u> (years)				
13. Birthplace (city or place) (State or Country) <u>Mt. Grove - Mo.</u>					22. Birthplace (city or place) (State or Country) <u>Mt. Grove - Mo.</u>				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____				
16. Date (month and year) last engaged in this work _____, 19____					25. Date (month and year) last engaged in this work _____, 19____				
17. Total time (years) spent in this work _____					26. Total time (years) spent in this work _____				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver Nitrate</u>									
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____, (b) Born alive but now dead _____, (c) Stillborn <u>1</u>									
29. If stillborn, period of gestation <u>9 mo</u> { months or weeks _____									
30. Cause of Stillbirth <u>Breast Abscess</u> { Before labor _____ During labor _____									
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE									
I hereby certify that I attended the birth of this child, who was <u>Born alive or Stillborn</u> at <u>7 a.</u> m. on the date above stated.									
When there was no attending physician or midwife, then the father, householder, etc., should make this return.									
Give name added from a supplemental report _____									
(Date of) _____									
Registrar. _____									
(Signed) <u>D. Weaver</u> , M. D.									
or <u>Twin Falls</u> , Midwife									
Address _____									
Filed <u>2-3-36</u> , 193 <u>6</u> _____ Registrar.									



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

97185

State File No.

Local Registrar's No. 9(No. Twin Falls County Farm)
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Baby F.M. Dodson(a) Residence. No. Twin Falls, Idaho St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

January 9, 1936

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, Idaho
(State or country)13. NAME F.M. Dodson14. BIRTHPLACE (city or town) Rayborn, Missouri
(State or country)15. MAIDEN NAME Ima Lathrom16. BIRTHPLACE (city or town) Rayborn, Missouri
(State or country)17. INFORMANT F.M. Dodson
(Address) Twin Falls, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Idaho Date 1/10, 193619. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho20. FILED 1-10-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 9 193622. I HEREBY CERTIFY, That I attended deceased ~~from~~
on 1/9, 1936 to 1/9, 1936I last saw him on 1/9, 1936; death is said to have occurred on the date stated above, at 7:45 PM

The principal cause of death and related causes of importance were as follows:

Asphyxia

Date of onset

Other contributory causes of importance:

Breath presentation

Name of operation Date of

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) C. D. Weaver M. D.
(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 3 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		FEB 11 1936 RECEIVED		STATE OF IDAHO	
County of <u>Twin Falls</u>		DEPARTMENT OF PUBLIC WELFARE			
City of <u>Twin Falls</u>		BUREAU OF VITAL STATISTICS			
No. _____ St. _____		Registration District No. <u>37</u>		State File No. <u>240015</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2483</u>		Local Registrar's No. <u>17</u>	
2. FULL NAME OF CHILD <u>Baby Daniel Stillborn</u>					
3. Sex <u>7</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>yes</u>	7. Legitimate? <u>(no)</u>	8. Date of birth <u>Jan 16, 1936</u> (Month, Day, Year)
9. Full name <u>FATHER</u> <u>Geo. C. Perry</u>		18. Full maiden name <u>MOTHER</u> <u>Jane Eva Daines</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Baker, Ore.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Baker - Ore.</u>			
11. Color or race _____		12. Age at last birthday _____ (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Morrison - Ill.</u>		21. Age at last birthday <u>23</u> (years)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>graduate nurse</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____		
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
28. Number of children of this mother _____ (At time of this birth and including this child)					
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>yes</u>					
29. If stillborn, period of gestation <u>7 1/2 mo.</u>		{ months or weeks		30. Cause of Stillbirth { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:25 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

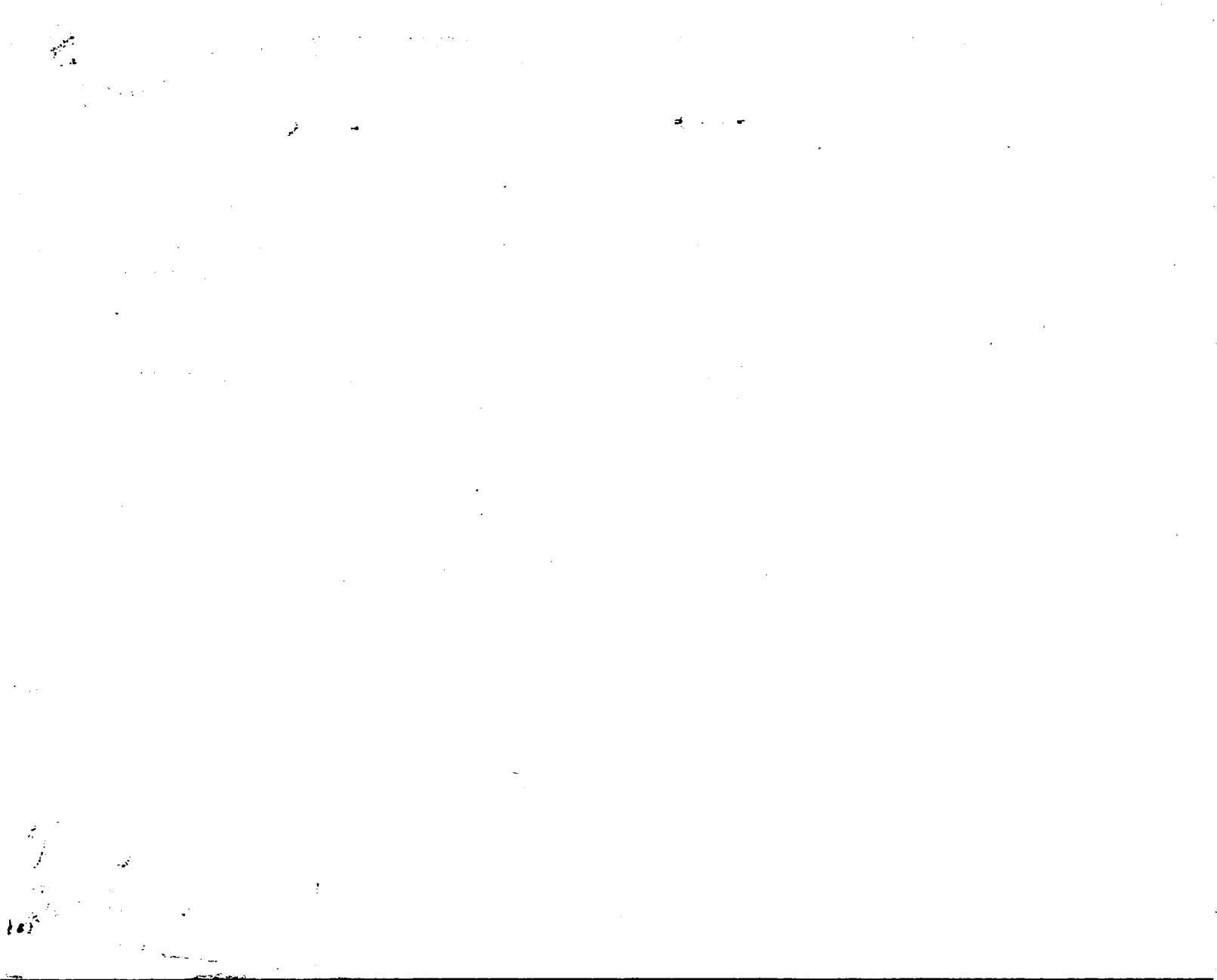
(Signed) E. S. Weaver, M. D.

or _____, Midwife

Address Twin Falls

Filed 2-3-, 1936

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

FEB 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

District No. 37Primary Registration District No. 1085(No. Woods Maternity Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lois Ann Perry(a) Residence. No. 252 2nd East St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 16 Months 12 Days 10 If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME George Perry14. BIRTHPLACE (city or town) (State or country) Not known15. MAIDEN NAME Jane E. Donnell16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT (Address) Baker House18. BURIAL, CREMATION OR REMOVAL Place Twin Falls Date Jan. 12, 193619. UNDERTAKER (Address) C. E. Drake20. FILED 17, 1936

DO NOT WRITE IN THIS SPACE

97177

State File No.

Local Registrar's No. 13

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/16 193622. I HEREBY CERTIFY, That I attended deceased Lois Ann Perry on 1/16, 1936, at Twin Falls, IdahoI last saw h.w. alive on 1/16, 1936; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Premature delivery, breech presentation

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill-in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so specify

(Signed) C. E. Drake, M. D.(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 11 1936 RECEIVED

1. PLACE OF BIRTH
County of Lincoln
City of Lincoln
No. 1129-4th Ave East St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

240016

CERTIFICATE OF BIRTH

S

Registration District No. 37 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 3085 Local Registrar's No. 21

2. FULL NAME OF CHILD Curtis Floyd Lafontaine

3. Sex Male If plural births { 4. Twin, triplet, or other yes 5. Number, in order of birth 1st 6. Premature no 7. Legitimate? yes 8. Date of birth Jan. 19, 1936
(Month, Day, Year)

9. Full name FATHER Walter Lafontaine 18. Full maiden name MOTHER Cather Johnson

10. Residence (usual place of abode) (If non-resident, give place and State) R2 Hiler Ida 19. Residence (usual place of abode) (If non-resident, give place and State) R2 Hiler Idaho

11. Color or race White 12. Age at last birthday 41 (years) 20. Color or race White 21. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Bozeman Montana 22. Birthplace (city or place) (State or Country) Livingston Montana

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Jan 19, 1936 17. Total time (years) spent in this work all his life 25. Date (month and year) last engaged in this work Jan 19, 1936 26. Total time (years) spent in this work 15 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 3 (At time of this birth and including this child) 3

(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 9 months { months or weeks 30. Cause of stillbirth strangulation Before labor ✓ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:45 P. on the date above stated.

(Born Alive or Stillborn)

(Signed) J. A. Drake, M. D.

or _____, Midwife

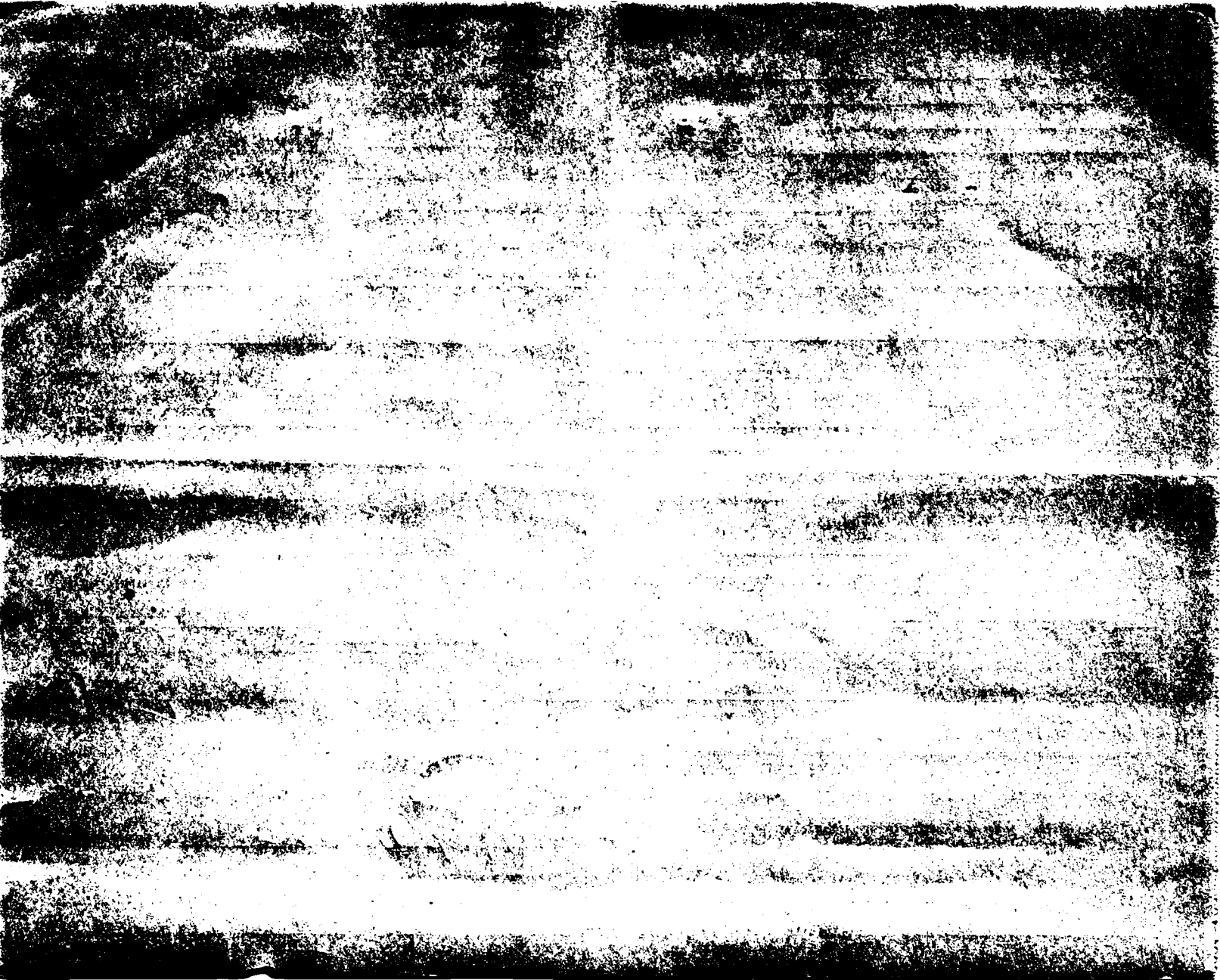
Address 2-4 1/2 - 4th St. Lincoln

Filed 2-4-36, 1936 J. A. Drake Registrar

Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No.

97173

14

45

Local Registrar's No.

FEB 11 1936

RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Curtis M. Loyd Lafontaine

(a) Residence. No. 0000 7th St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day & hrs. or min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Still born
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country)

13. NAME Walter Lafontaine

14. BIRTHPLACE (city or town) Montana
(State or country)

15. MAIDEN NAME Esther Johnson

16. BIRTHPLACE (city or town) Montana
(State or country)

17. INFORMANT Off. Montooth
(Address) Twin Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Can. Date 1/20/, 1936

19. UNDERTAKER White Mountain Inc.
(Address) Twin Falls Idaho

20. FILED 1-21-, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-19-1936

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 1936, to 1-19, 1936

I last saw h alive on 1-19, 1936; death is said

to have occurred on the date stated above, at h m.

The principal cause of death and related causes of importance were as follows:

Probably strangulation from cord around throat several days before birth

Other contributory causes of importance:

Stillborn

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1936

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) W. A. D. Drake, M. D.

(Address) Twin Falls

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family; cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Twin Falls</u> City of <u>Twin Falls</u> No. <u>Good Twin Falls County</u> <u>Hoop</u>		FEB 11 1936 RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 240021	
(If born in hospital or institution give name.)		Registration District No. <u>37</u> State <u>Idaho</u>	
2. FULL NAME OF CHILD <u>Richard Henry Schwab</u>		Prim. Registration District No. <u>2885</u> Local Registrar's No. <u>21</u>	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>Yes</u>
8. Date of birth <u>Jan 8, 1936</u> (Month, Day, Year)			
9. Full name FATHER <u>Howard L. Schwab</u>		18. Full maiden name MOTHER <u>Beth Church</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Eden, Utah</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Eden, Utah</u>	
11. Color or race <u>Wh</u> 12. Age at last birthday <u>21</u> (years)		20. Color or race <u>Wh</u> 21. Age at last birthday <u>18</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Beaver, Utah</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>Jan</u> , 19 <u>36</u>		25. Date (month and year) last engaged in this work <u>Jan</u> , 19 <u>36</u>
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work <u>1 yr</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>Full term</u> { months _____ or weeks _____		30. Cause of Stillbirth <u>Scarlet fever</u> { Before labor <u>X</u> During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:45 P. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Valdi B. Fuendeling, M. D.

or _____, Midwife

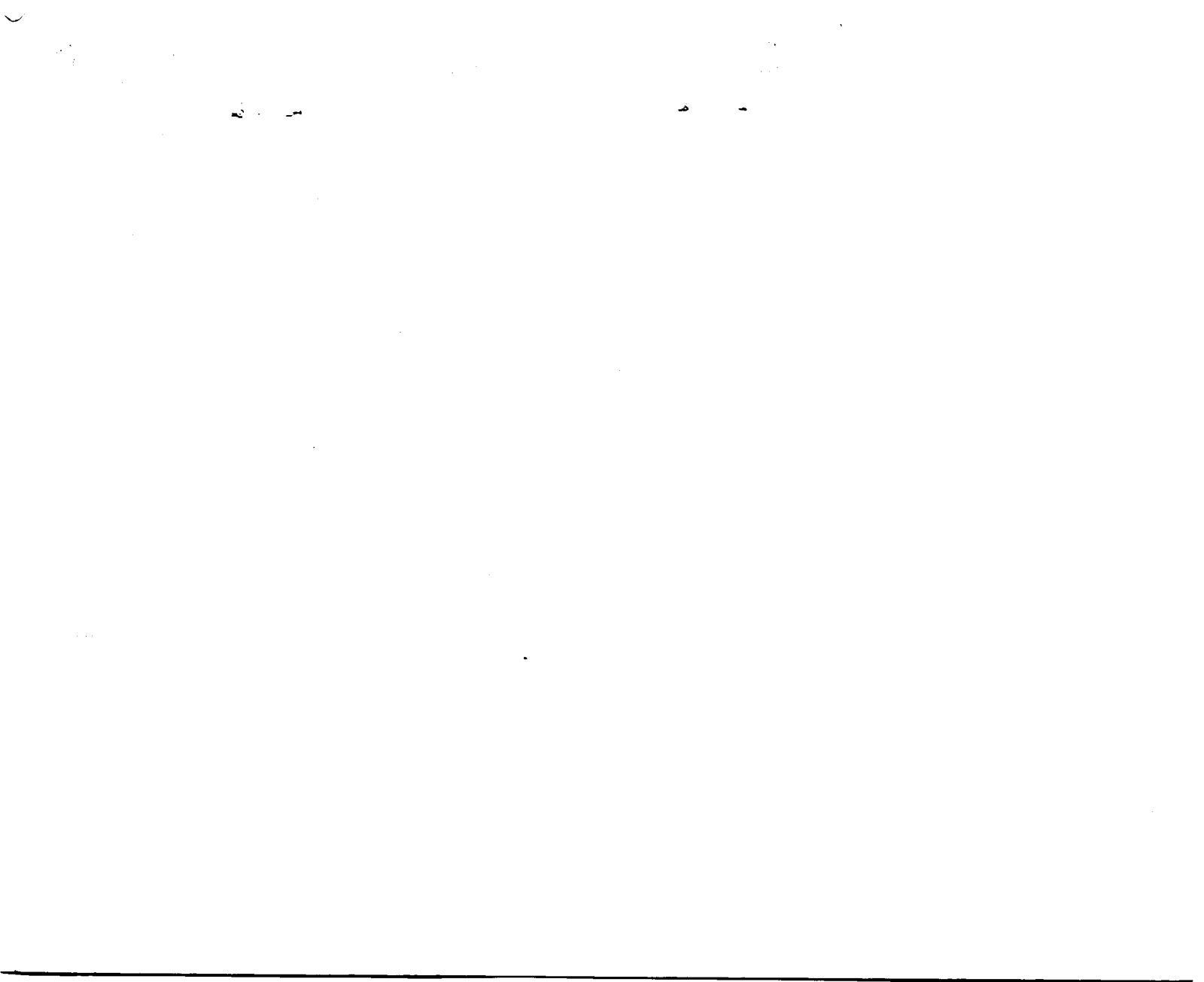
Address 228 Main Ave. So., T. F.

Filed 24 - 1936 [Signature] Registrar

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County Twin Falls,
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
37115
State File No.

FEB 11 1936 RECEIVED

Registration District No. 37
Primary Registration District No. 2085 Local Registrar's No. 7
Twin Falls County Hospital,
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Henry Schwab
(a) Residence. No. Twin Falls County Hospital St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day, and year) January 8, 1936
7. AGE Years 0 Months 0 Days 0 If LESS than 1 day hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls (State or country) Idaho

13. NAME Howard Schwab
14. BIRTHPLACE (city or town) Eden (State or country) Idaho
15. MAIDEN NAME Beth Church
16. BIRTHPLACE (city or town) Beaver (State or country) Utah

17. INFORMANT Mrs. Clara Church (Address) Hazelton, Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls, Com. Date 1-10, 1936

19. UNDERTAKER White Mortuary, Inc. (Address) Twin Falls, Idaho

20. FILED 1-10, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-8 193 6

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936, to Jan 8, 1936
I last saw him alive on Stillborn, 1936; death is said to have occurred on the date stated above, at 9:10 P. m.
The principal cause of death and related causes of importance were as follows:

Scarlet fever, ant-
fratal

Other contributory causes of importance:
Scarlet fever in
mother

Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193....
Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Walt B. ..., M. D.
(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

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735-129042-699

1. PLACE OF BIRTH **FEB 3 1936** **RECEIVED**

County of Buhl City of Buhl No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 240062

Registration District No. 39 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2087 Local Registrar's No. _____

2. FULL NAME OF CHILD Carol Glendenning

3. Sex <u>m</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Jan 29</u> , 193 <u>6</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER <u>Glen C. Glendenning</u>		18. Full maiden name MOTHER <u>Lillie Mae Wright</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Buhl</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Buhl</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>24</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>21</u> (years)
13. Birthplace (city or place) (State or country) <u>neb</u>		22. Birthplace (city or place) (State or country) <u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work <u>unemployed</u>		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9 { months or weeks } 29. Cause of stillbirth difficult labor { Before labor _____ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 4:10 P on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. A. Drake, M. D.

or _____, Midwife

Address Buhl, Idaho

Filed Jan 31, 1936 H. T. Parkinson

Give name added from a supplemental report _____

(DATE OF)

Registrar.

Registrar.

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MARGIN RESERVED FOR BINDING

N. B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of *Butte* STATE OF IDAHO
City of *Butte* DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration District No. *37*

DO NOT WRITE IN THIS SPACE

State File No. *97189*

FEB 3 1936

RECEIVED

Primary Registration District No. *2087*

Local Registrar's No. *206*

2. FULL NAME *Baby Glendening*

(a) Residence. No. *1*
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. *1* mos. *1* ds. How long in U. S., if of foreign birth? yrs. *1* mos. *1* ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*
4. Color or Race *White*
5. Single, Married, Widowed or Divorced (write the word) *Single*
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *-*
6. DATE OF BIRTH (month, day, and year) *Jan 29-1936*
7. AGE Years *0* Months *0* Days *0* If LESS than 1 day, ... hrs. *0* or ... min. *0*
8. Trade, profession, or particular kind of work done, as *spinner, sawyer, bookkeeper, etc.*
9. Industry or business in which work was done, as *silk mill, saw mill, bank, etc.*
10. Date deceased last worked at this occupation (mo. and yr.) *-*
11. Total time (years) spent in this occupation *-*

12. BIRTHPLACE (city or town) *Butte, Ida.*
(State or country)

13. NAME *Glenn Glendening*

14. BIRTHPLACE (city or town) *Reb.*
(State or country)

15. MAIDEN NAME *Lilly Mae Wright*

16. BIRTHPLACE (city or town) *Idaho*
(State or country)

17. INFORMANT (Address) *Glenn Glendening*

18. BURIAL, CREMATION OR REMOVAL *Butte*

Place *Butte* Date *Jan 30, 1936*

19. UNDERTAKER (Address) *Butte*

20. FILED *Jan 31, 1936* *S. L. Dickinson*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *Jan 29 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 29, 1936*, to *Jan 29, 1936*.
last saw deceased *Jan 29, 1936*, 193... death is said to have occurred on the date stated above, at *4:00 P.M.*
The principal cause of death and related causes of importance were as follows:

difficult labor
premature separation of placenta
Date of onset *1-29-36*

Other contributory causes of importance:
premature separation of placenta

Name of operation *none* Date of *-*

What test confirmed diagnosis? *-* Was there an autopsy? *-*

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? *-* Date of injury, 193. *-*

Where did injury occur? *-*
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. *-*

Manner of injury *-*

Nature of injury *-*

24. Was disease or injury in any way related to occupation of deceased? *-* If so, specify *-*

(Signed) *M. G. Drake*

(Address) *Butte, Idaho*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

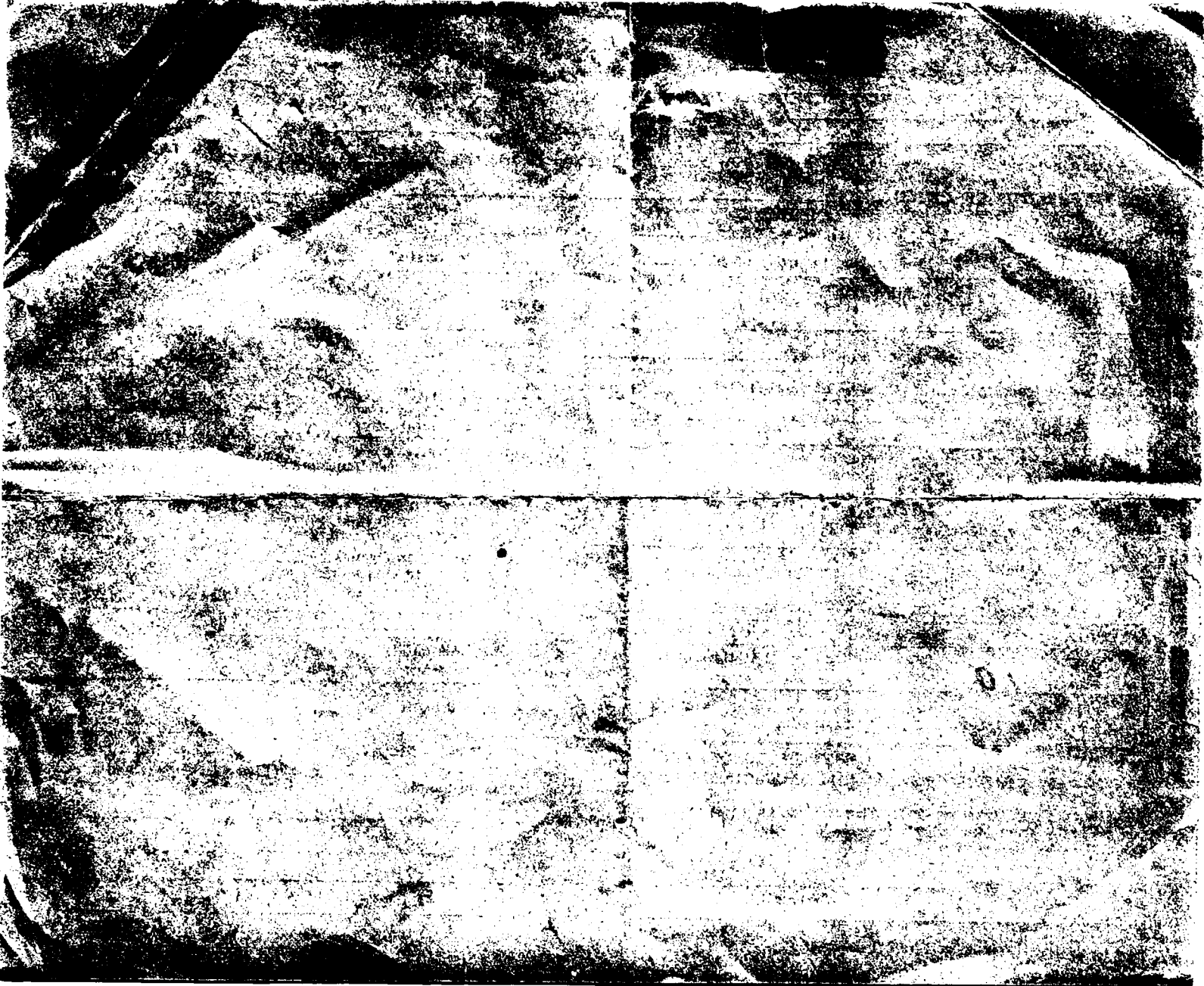
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of child stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Ada</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Baie</u>		BUREAU OF VITAL STATISTICS	
No. <u>St. Luke's Hosp St.</u>		CERTIFICATE OF BIRTH <u>S 20144</u>	
(If born in hospital or institution give name.)		Registration District No. <u>2</u>	State File No. <u>165</u>
Prim. Registration District No. <u>1004</u>		Local Registrar's No. <u>165</u>	
2. FULL NAME OF CHILD <u>Stillborn</u>			
3. Sex <u>7</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____	6. Premature. _____ Full term <u>✓</u>	7. Legiti- mate? <u>✓</u>
8. Date of birth <u>Jan 31</u> , 193 <u>6</u> (Month, Day, Year)			
9. Full name <u>Harry M. Hoffman</u>		18. Full maiden name <u>Nellie Augusta Drake</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Star, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Star, Idaho</u>	
11. Color or race <u>W</u>		12. Age at last birthday <u>31</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Star, Michigan</u>		20. Color or race <u>W</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		21. Age at last birthday <u>34</u> (years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		22. Birthplace (city or place) (State or Country) <u>Norwich Conn</u>	
16. Date (month and year) last engaged in this work <u>November 1935</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>HW</u>	
17. Total time (years) spent in this work <u>14 years</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work <u>17 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>10</u> (a) Born alive and now living <u>9</u> (b) Born alive but now dead. _____ (c) Stillborn <u>✓</u>			
29. If stillborn, period of gestation <u>Full term</u> { months _____ or weeks _____		30. Cause of Stillbirth <u>Fall</u> { Before labor. _____ During labor. _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>8:28 P</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>M. Callaway</u> , M. D.	
Give name added from a supplemental report _____		or _____, Midwife	
(Date of) _____		Address <u>Baie Idaho</u>	
Registrar. _____		Filed <u>2-29</u> , 193 <u>6</u> <u>R. Sharp</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC/UPA-TION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97273

MAR 11 1936 RECEIVED

Registration District No. 2
Primary Registration District No. 1004
St. Lukes Hospital

Local Registrar's No. 45

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stella Hoffman

(a) Residence. No. Star Idaho
(Usual place of abode)

St.
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 31 1936

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation
Boise Idaho

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER 13. NAME Harry Hoffman

14. BIRTHPLACE (city or town) (State or country) U.S.A.

15. MAIDEN NAME Nellie Drake

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT (Address) Stella Hoffman Star Idaho

18. BURIAL, CREMATION OR REMOVAL Place Star Cemetery Date 2/2, 1936

19. UNDERTAKER (Address) Schreiber & McCann Boise Idaho

20. FILED 2-3, 1936 R. Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1936, to 1-31, 1936

I last saw her alive on 1-31, 1936; death is said

to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

Stillborn and premature birth, probably due to uremia in mother.

Other contributory causes of importance:

Date of onset

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. C. Cavanaugh M. D.

(Address) Boise Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

THE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. E.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 692-121-001-238
PLACE OF BIRTH

County of Ada
City of Burns
No. St Lukes St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
MAR 11 1936 RECEIVED
CERTIFICATE OF BIRTH

S
240194

Registration District No. 2 State File No. 87
Prim. Registration District No. 1004 Local Registrar's No. 87

2. FULL NAME OF CHILD

Baby Fisk

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature ✓ Full term _____
7. Legitimate? Yes 8. Date of birth Jan 27, 1936
(Month, Day, Year)

9. Full name FATHER Lynn F. Fisk

18. Full maiden name MOTHER Vera Ann Schmelzer

10. Residence (usual place of abode) (If non-resident, give place and date) PT

19. Residence (usual place of abode) (If non-resident, give place and date) R 2

11. Color or race W 12. Age at last birthday 32 (years)

20. Color or race W 21. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Caldwell Ida

22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. SW

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Same

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agno 3 190

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation 8 months { months or weeks _____
30. Cause of Stillbirth _____ Before labor before During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1 P m. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

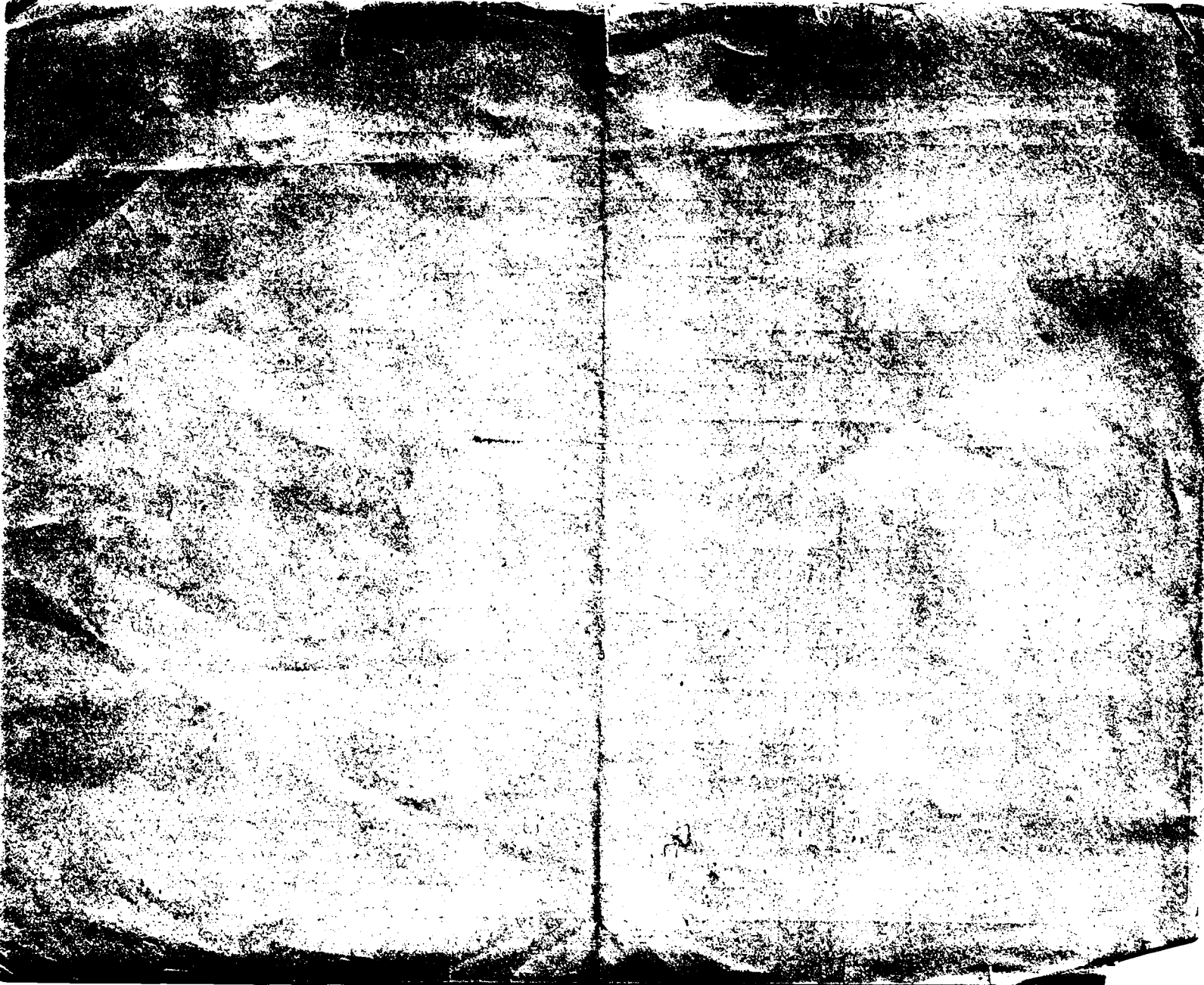
(Signed) Dr. B. B. Boeck, M. D.

or Mr. W. R. Sharp Midwife

Address Burns Idaho

Filed 2-3, 1936 R. Sharp Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

96832

State File No.

Registration District No. 2

Primary Registration District No. 1004 Local Registrar's No. 28

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Fisk

(a) Residence. No. Route 1. St. Meridian

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
January 21, 1935

7. AGE Years Months Days If LESS than 1 day... hrs. or min.
-- -- --

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country)

13. NAME Lynn Gaylord Fisk

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Vera Ann Schmelzer

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT L. G. Fisk
(Address) Meridian

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 1-21-36

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 1-22-36 R. R. Sharpe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1/21/1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 21, 1935, to Jan. 21, 1935.

I last saw h... alive on Jan. 21, 1935; death is said to have occurred on the date stated above, at 11 a.m. The principal cause of death and related causes of importance were as follows:

Still born
Date of onset
Other contributory causes of importance:
Premature separation of placenta

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 1935.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) W. H. Beach M. D.
(Address) Boise, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

234-221.003.767

1. PLACE OF BIRTH

County of Bannock
City of Pocatello
No. 650-7-7th St.

St. Anthony's Hospital
(If born in hospital or institution give name)

Registration District No. 28 State File No. _____
Prim. Registration District No. 2161 Local Registrar's No. 1274

2. FULL NAME OF CHILD Mary Grace Stuart

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Legitimate? Yes 8. Date of birth 2-21, 1936
(Month, Day, Year)

9. Full name FATHER William Charles Stuart

10. Residence (usual place of abode) (If non-resident, give place and State) R. # 1

11. Color or race W 12. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or Country) American Fork, Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. None

16. Date (month and year) last engaged in this work present, 1936 17. Total time (years) spent in this work 21 yrs.

18. Full maiden name MOTHER Melvinia Page

19. Residence (usual place of abode) (If non-resident, give place and State) R. 3. D. # 1

20. Color or race W 21. Age at last birthday 40 (years)

22. Birthplace (city or place) (State or Country) Basalt, Ida

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

25. Date (month and year) last engaged in this work present, 1936 26. Total time (years) spent in this work 2 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks } 30. Cause of Stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:20 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) W. C. Ray, M. D.

or _____, Midwife

Address Pocatello, Ida

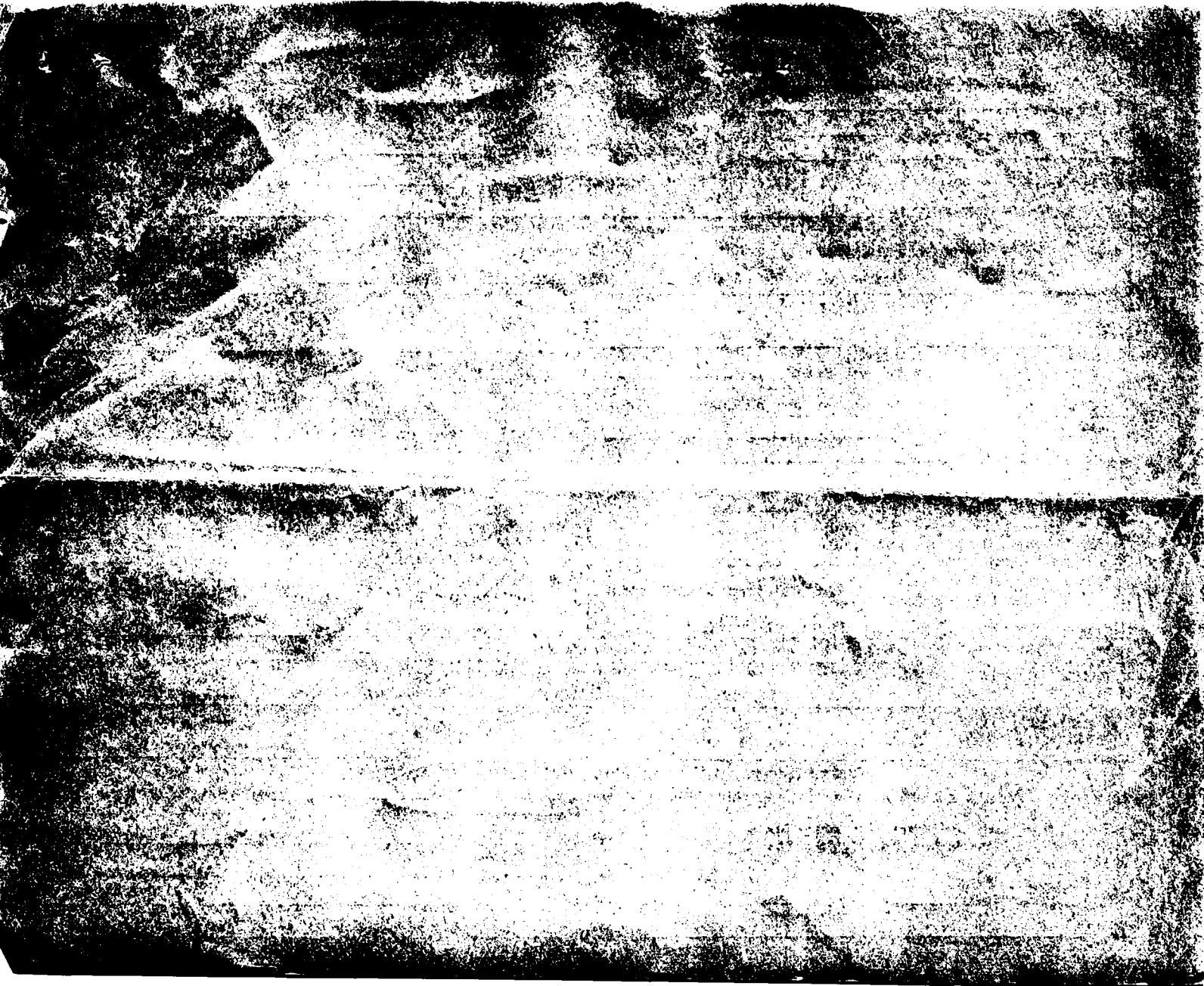
Filed 3-2, 1936 W. C. Ray

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
240254

RECEIVED
MAR 1936



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97291

MAR 9 1936 RECEIVED

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 597

(No. Saint Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Grace Stuart (Infant)

(a) Residence. No. Pocatello, Idaho. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. Oyrs. Mos. Ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>February 21, 1936.</u>		
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
If LESS than 1 day ____ hrs. or ____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>		
10. Date deceased last worked at this occupation (mo. and yr.)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.

13. NAME I. C. Stuart
14. BIRTHPLACE (city or town) American Fork,
(State or country) Utah.

15. MAIDEN NAME Melvina Pope
16. BIRTHPLACE (city or town) Shelley,
(State or country) Idaho.

17. INFORMANT I. C. Stuart
(Address) Tyhee, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date Feb. 22, 1936

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Feb. 23, 1936.
D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 21, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 2/21/1936, to 2/21/1936

I last saw him alive on 2/21, 1936; death is said

to have occurred on the date stated above, at 10:4 m.

The principal cause of death and related causes of importance were as follows:

Still born.

Long depressed labor

prolonged cord.

Other contributory causes of importance:

Name of operation 74 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) D. C. Ray M. D.

(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Galistones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

.....

365-116.0 09-366

MAR 10 1936 RECEIVED

1. PLACE OF BIRTH
County of Banner
City of Sagle, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 240330

Registration District No. 78 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2155 Local Registrar's No. 3

2. FULL NAME OF CHILD Stillbirth Langsdorf

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
5. Number, in order of birth _____ Full term yes mate? yes 8. Date of birth Feb 16 1936
(Month, Day, Year)

9. Full name May Langsdorf FATHER 18. Full maiden name Lena Louise Cook MOTHER

10. Residence (usual place of abode) Sagle, Ida 19. Residence (usual place of abode) Sagle, Ida
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 46 (years) 20. Color or race W 21. Age at last birthday 33 (years)

13. Birthplace (city or place) Kansas, U.S. 22. Birthplace (city or place) Sagle, Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Houseward

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. H. O. A. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 4 mo. 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 30 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

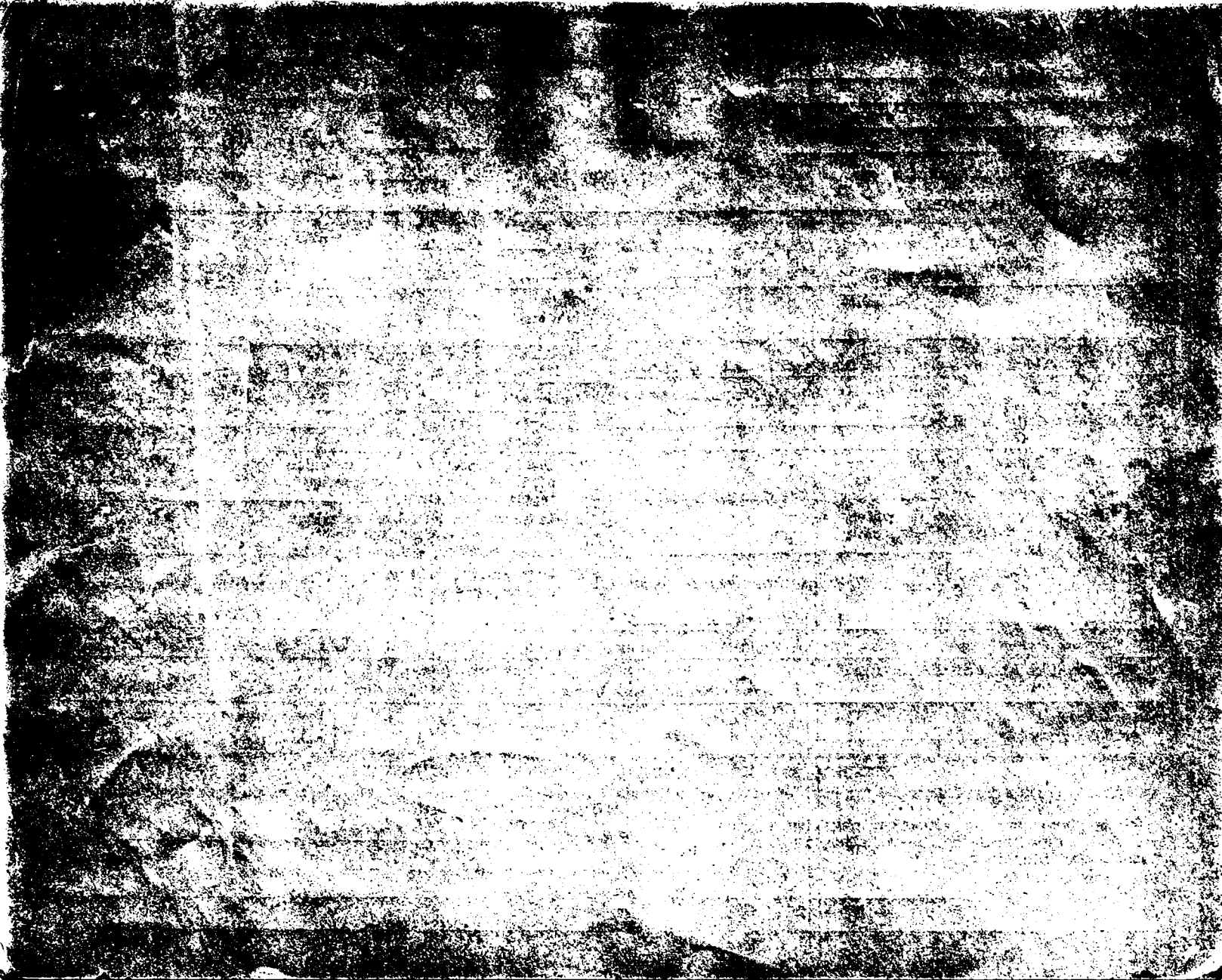
(Signed) Wm E. Tyler, M. D.

or _____ -Midwife

Address Sandpoint, Idaho

Filed Feb 29 1936 L. B. Evans
Ch Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

MAR 1 1936

RECEIVED

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 97354

PLACE OF DEATH

County of Bonner

City of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 123

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Langsdorf (Stillborn)

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 16, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Sandpoint Idaho (State or country)

10. NAME OF FATHER Max Langsdorf

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER Fern Cook

13. BIRTHPLACE OF MOTHER (city or town) Ogden Utah (State or Country)

14. Informant Max Langsdorf (Address) Sandpoint Idaho

15. Filed Mch. 1 - 1936 W. B. Evans Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 16 1936 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 16 1936, to Feb. 16 1936 that I last saw him alive on 19

and that death occurred, on the date stated above, at m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

During labor: A Placental
Oxygen Protrusion
Instrumental Delivery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? chemical

(Signed) Wm F. Taylor, M. D.

Feb. 15 1936 (Address) Sandpoint Idaho

19. Place of Burial, Cremation, or Removal

Morton, Idaho

Date of Burial

Feb. 18 - 1936

20. Undertaker

L. J. Moon

Address

Sandpoint Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

319-109-009-666
PLACE OF BIRTH
County of Sanjour
City of Sandpoint
No. South #1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAR 19 1936 RECEIVED 240333

Registration District No. 28 State File No. S

(If born in hospital or institution give name.) Prim. Registration District No. 2155 Local Registrar's No. 6

2. FULL NAME OF CHILD Stillbirth Taylor

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Feb. 9, 1936
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Willis Taylor 18. Full maiden name MOTHER Violet Hoodard

10. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint 19. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint

11. Color or race A 12. Age at last birthday 26 (years) 20. Color or race A 21. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or Country) Velva, N. Dak. 22. Birthplace (city or place) (State or Country) Idaho, N. Dak.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.P.A. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 6 mo. 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

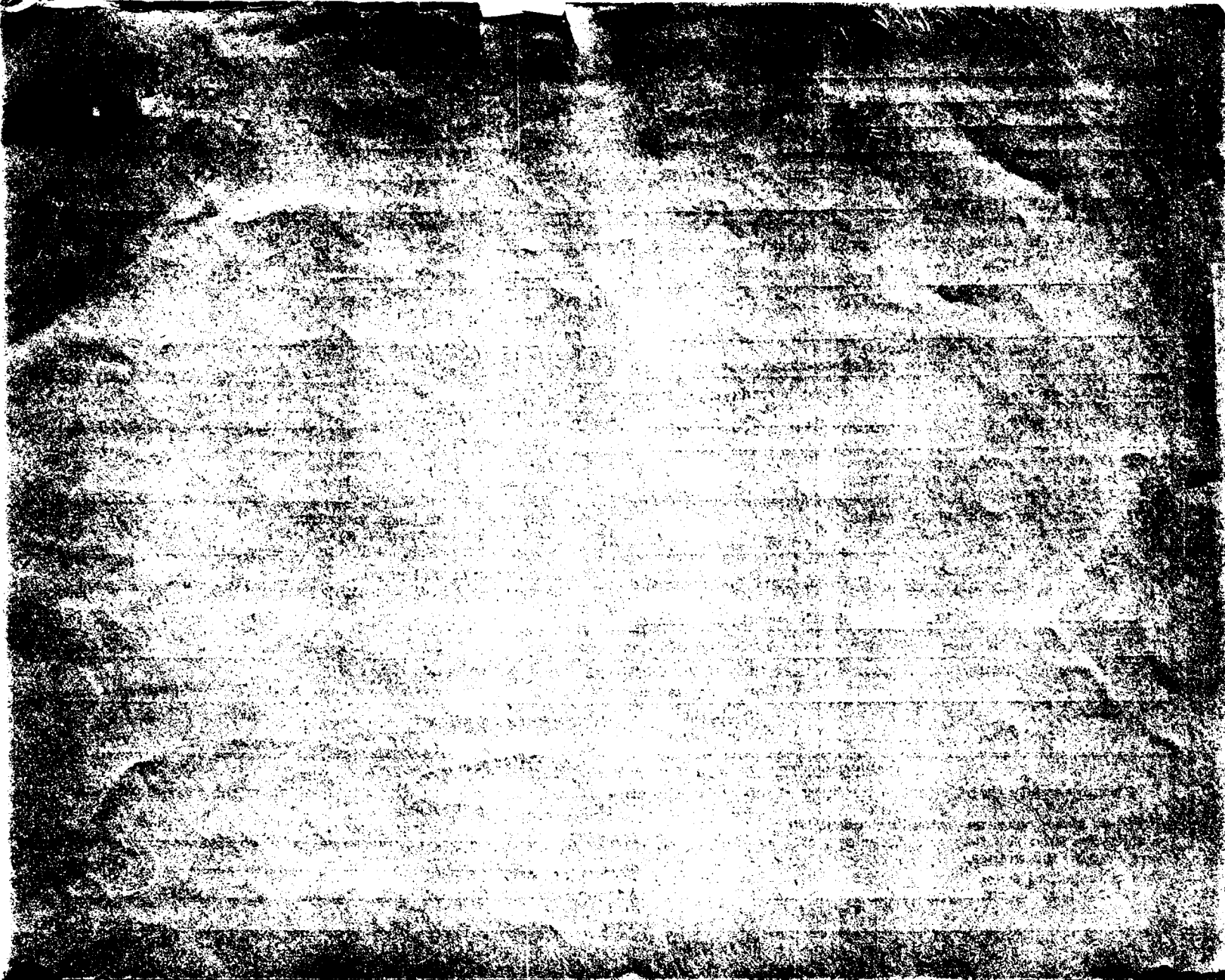
29. If stillborn, period of gestation _____ { months _____ or weeks _____ 30. Cause of Stillbirth _____ During labor? yes
Instrumental delivery
face presentation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:20 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Wm F. Tyler, M. D.
or _____, Midwife
Address Sandpoint, Idaho
Filed Feb 29, 1936 D.B. Evans
Q.E. Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

Dr. J. B. Evans

STATE OF IDAHO

MAR 1 1936

RECEIVED

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97355

County of Danier

City of Sandpoint

Registration District No. 78

Primary Registration District No. 2155

(No. Rural)

Local Registrar's No. 117

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Taylor

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day and year) July 9, 1936

7. AGE Years Months Days 11 LESS than 1 day. hrs. or min. 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9. BIRTHPLACE (city or town) Sandpoint Idaho (State or country)

10. NAME OF FATHER Willis Taylor

11. BIRTHPLACE OF FATHER (city or town) Velva (State or Country) N. Dak.

12. MAIDEN NAME OF MOTHER Violet Woodard

13. BIRTHPLACE OF MOTHER (city or town) Idaho (State or Country) Idaho

14. Informant (Address) Willis Taylor Sandpoint, Ida

15. Filed Mar 1, 1936 Dr. J. B. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 9, 1936 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1936 to July 9, 1936 that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Right Craput Protrusion.
Difficult Labor. Instrumental
Delivery. Still birth running
during labor (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis clinically

(Signed) Wm F. Taylor M. D. July 12, 1936 (Address) Sandpoint Ida

19. Place of Burial, Cremation, or Removal Sandpoint Idaho. Cem Date of Burial Feb 12, 1936

20. Undertaker L. H. Moon Address Sandpoint Ida.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report **Typhoid pneumonia**); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

295-111-014-128

RECEIVED
MAR 9 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
240410

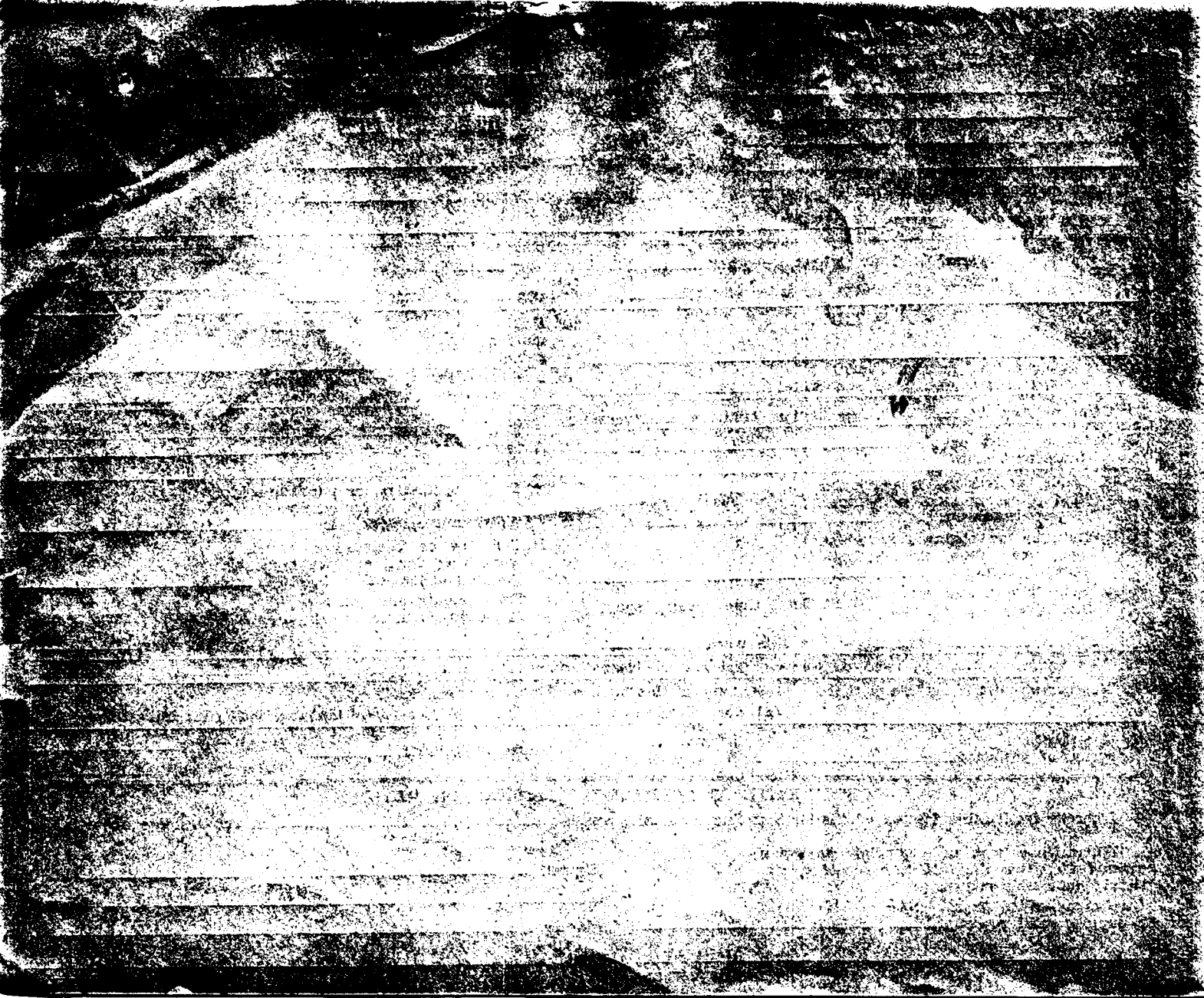
1. PLACE OF BIRTH County of <u>Canyon</u> City of <u>Tampa</u> No. <u>111-13 Ave</u>		Registration District No. <u>7</u> State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1006</u> Local Registrar's No. <u>80</u>	
2. FULL NAME OF CHILD <u>"Stillborn" King</u>			
3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other <u>Single</u>	5. Number, in order of birth <u>1</u>
		6. Premature <u>No</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>2-11-1936</u> (Month, Day, Year)			
9. Full name FATHER <u>Charles Herbert King</u>		18. Full maiden name MOTHER <u>Veda Dorothy Ashbery</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Tampa</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Tampa</u>	
11. Color or race <u>Am</u>		12. Age at last birthday <u>36</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Webb City, Mo.</u>		21. Age at last birthday <u>22</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>at home</u>	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work <u>20</u>		26. Total time (years) spent in this work <u>5</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>			
29. If stillborn, period of gestation <u>5 mo</u> months or weeks {		30. Cause of Stillbirth { During labor _____ Before labor <u>X</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:05 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) J. C. Horton, M. D.
or _____, Midwife
Address Tampa, Idaho
Filed Mar 6, 1936 Lyda Rodgers
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		State File No. 97422	
PLACE OF DEATH		COUNTY OF <u>Canyon</u>		CITY OF <u>Nampa</u>	
Registration District No. <u>7</u>		Primary Registration District No. <u>1006</u>		Local Registrar's No. <u>24</u>	
1. DATE OF DEATH <u>Feb 11 1936</u>		2. FULL NAME <u>Charles H. King</u>		3. PLACE OF DEATH <u>Mersey Hospital</u>	
(a) Residence. No. <u>111-13th Ave. No.</u> St.		(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 11-36</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Nampa</u> (State or country) <u>Idaho</u>					
13. NAME <u>Charles H. King</u>					
14. BIRTHPLACE (city or town) <u>Springfield</u> (State or country) <u>Missouri</u>					
15. MAIDEN NAME <u>Vida D. Ashley</u>					
16. BIRTHPLACE (city or town) <u>Emmett</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>Chas. H. King</u> (Address) <u>Nampa, Ida.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Kohlerlawn</u> Place <u>Nampa, Ida.</u> Date <u>2-12</u> , 193 <u>6</u>					
19. UNDERTAKER <u>Mrs. M. M. Talley</u> (Address) <u>Nampa, Ida.</u>					
20. FILED <u>Mar 2</u> , 193 <u>6</u> <u>Lyda Rodgers</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>2-11</u> , 193 <u>6</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 <u>6</u> , to <u>2-11</u> , 193 <u>6</u>					
I last saw him alive on <u>2-11</u> , 193 <u>6</u> ; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Primitive birth</u> (5 lbs. gestation)					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>6</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>Lyda Rodgers</u> M. D.					
(Address) <u>Nampa, Ida.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

295-211016-128

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

240411

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. Mercy Hospital

Registration District No. 7 State File No. _____
Prim. Registration District No. 1006 Local Registrar's No. 79

2. FULL NAME OF CHILD "S. Tillborn" King

3. Sex ♂ 4. If plural births 2 5. Number, in order of birth 2 6. Premature 7. Legitimate? yes 8. Date of birth 2-11- 1926
(Month, Day, Year)

9. Full name FATHER Charles Herbert King
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa
11. Color or race Am. 12. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Webb City, Mo.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 20

18. Full maiden name MOTHER Heda Dorothy Ashley
19. Residence (usual place of abode) (If non-resident, give place and State) Nampa
20. Color or race Am. 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Emmett, Ida.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 5 1/2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 2
29. If stillborn, period of gestation 5 mo. { months or weeks
30. Cause of Stillbirth { During labor _____
Before labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was S. Tillborn at 7:20 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) J. E. Horton, M. D.
or _____, Midwife
Address Nampa, Idaho
Filed Mar. 6, 1926 Lyda Rodgers
Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Nampa

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97423

MAR 9 1936 RECEIVED

Registration District No. 7

Primary Registration District No. 1006

Local Registrar's No. 23

(No. Mercy Hospital)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME (Steve Sam) King

(a) Residence. No. 111-13th Ave. no. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 11-36

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa (State or country) Idaho

13. NAME Charles H. King

14. BIRTHPLACE (city or town) Springfield (State or country) Missouri

15. MAIDEN NAME Vida D. Ashley

16. BIRTHPLACE (city or town) Emmett (State or country) Idaho

17. INFORMANT Chas. H. King (Address) Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL Cohlerlaur Place Nampa, Ida, Date 2-1-36, 1936

19. UNDERTAKER Mrs. Nina M. Talley (Address) Nampa, Idaho

20. FILED Mar. 2, 1936 Ida. Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-11-1936

22. I HEREBY CERTIFY, That I attended deceased from ... 193... to ... 193...
I last saw him alive on ... 2-11, 193... death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Premature birth. 6 mo. gestation

Other contributory causes of importance:

Date of onset

Name of operation... Date of...

What test confirmed diagnosis?... Was there an autopsy?...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?... Date of injury..., 193...

Where did injury occur?... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?... If so, specify...

(Signed) Ida. Rodgers M.D.

(Address) Nampa, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

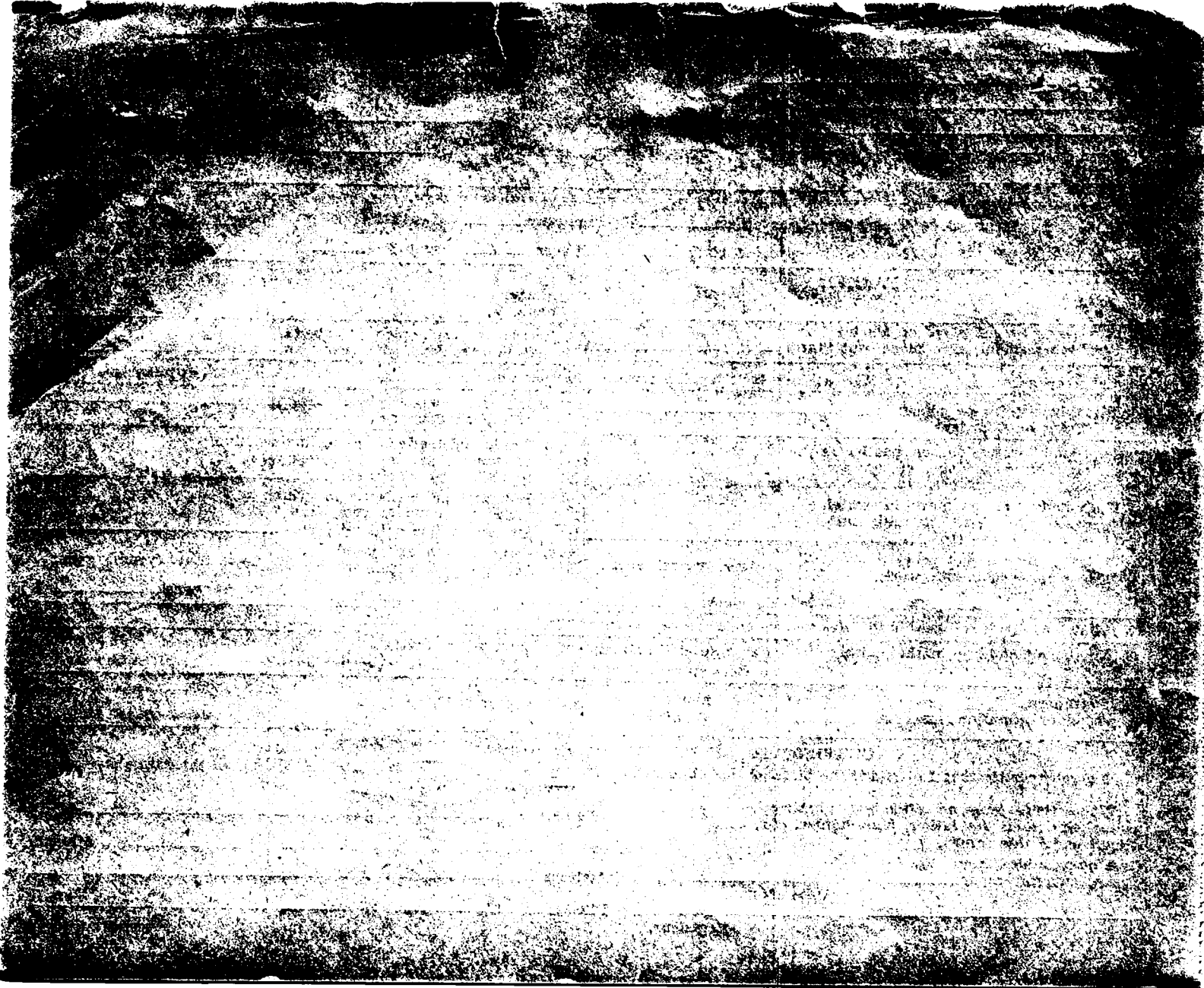
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth state.

1. PLACE OF BIRTH County of <u>Canyon</u> City of <u>Caldwell</u> No. <u>St.</u> <u>Simon Thuring Name</u> Registration District No. <u>1</u> State File No. <u>240448</u> (If born in hospital or institution give name.) Prim. Registration District No. <u>1005</u> Local Registrar's No. <u>37 S</u>		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH	
2. FULL NAME OF CHILD <u>Calvin A. Ruse</u> (Stillborn)		8. Date of birth <u>Mar 10, 1936</u> (Month, Day, Year)	
3. Sex <u>M</u>	If plural births <u>4. Twin, triplet, or other</u>	6. Premature <u>Full term</u>	7. Legitimate <u>mate?</u>
9. Full name of FATHER <u>J. A. Ruse</u>		18. Full maiden name of MOTHER <u>Martha Carter</u>	
10. Residence (usual place of abode) <u>Caldwell Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Caldwell Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>W</u>	12. Age at last birthday <u>32</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>23</u> (years)
13. Birthplace (city or place) <u>Idaho</u> (State or Country)		22. Birthplace (city or place) <u>Idaho</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Teacher</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>2</u> (b) Born alive but now dead (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>full term</u> months or weeks		30. Cause of Stillbirth { Before labor. During labor. <u>difficult post delivery</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>(Born Alive or Stillborn)</u> at <u>4 a</u> m. on the date above stated.			
(Signed) <u>M. Montgomery M. D.</u> or <u>Caldwell Idaho</u> Midwife			
Address <u>Caldwell Idaho</u>			
Filed <u>3/18</u> , 193 <u>6</u> <u>M. Montgomery</u> Registrar.			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of CanyonCity of Caldwell

DO NOT WRITE IN THIS SPACE

State File No. 97395

MAR 11 1936

RECEIVED

Registration District No. 1Primary Registration District No. 1005Local Registrar's No. 39(No. 714-N-9th)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Ross (Ross)(a) Residence. No. 714-N-9thSt. Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male white</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>—</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>		
6. DATE OF BIRTH (month, day, and year) <u>Mar-10-36</u>		
7. AGE	Years <u>—</u>	Months <u>—</u>
	Days <u>—</u>	If LESS than 1 day <u>—</u> hrs. or <u>—</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (mo. and yr.) <u>—</u>	
	11. Total time (years) spent in this occupation <u>—</u>	

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho13. NAME J. H. Ross14. BIRTHPLACE (city or town) Nebraska
(State or country) Nebraska15. MAIDEN NAME Maudie Carter16. BIRTHPLACE (city or town) Idaho
(State or country) Idaho17. INFORMANT J. H. Ross
(Address) Caldwell Idaho18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date 3-10-193619. UNDERTAKER E. V. Beckham
(Address) Caldwell Idaho20. FILED 9/10, 1936
Registrar. —

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/10 193622. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1936 to Mar 10, 1936I last saw him alive on Mar 10, 1936; death is saidto have occurred on the date stated above, at 4-9 m.

The principal cause of death and related causes of importance were as follows:

stroke with death
heart & kidney
delirium

Other contributory causes of importance:

Date of onset

Name of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1936Where did injury occur? —
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place. —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? no If so, specify —(Signed) M. M. Montgomery, M. D.(Address) Caldwell Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

APR 18 1978

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

PLACE OF BIRTH Idaho **MAR 10 1936 RECEIVED** STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DIVISION OF VITAL STATISTICS **CERTIFICATE OF BIRTH** **240598**

County of Idaho City of Cottonwood No. Out of Consular Area Hospital Registration District No. 105 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 218 Local Registrar's No. 13

2. FULL NAME OF CHILD Virginia Ann Turner (Sticeborn)

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>X</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan. 6, 1936</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>Mr. H. E. Turner</u>	FATHER	18. Full maiden name <u>Dorothy Schreckli</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Orangeville</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Orangeville</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>21</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>22</u> (years)
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Pendleton Ore.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? C

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation { months 7 or weeks _____ } 30. Cause of stillbirth { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

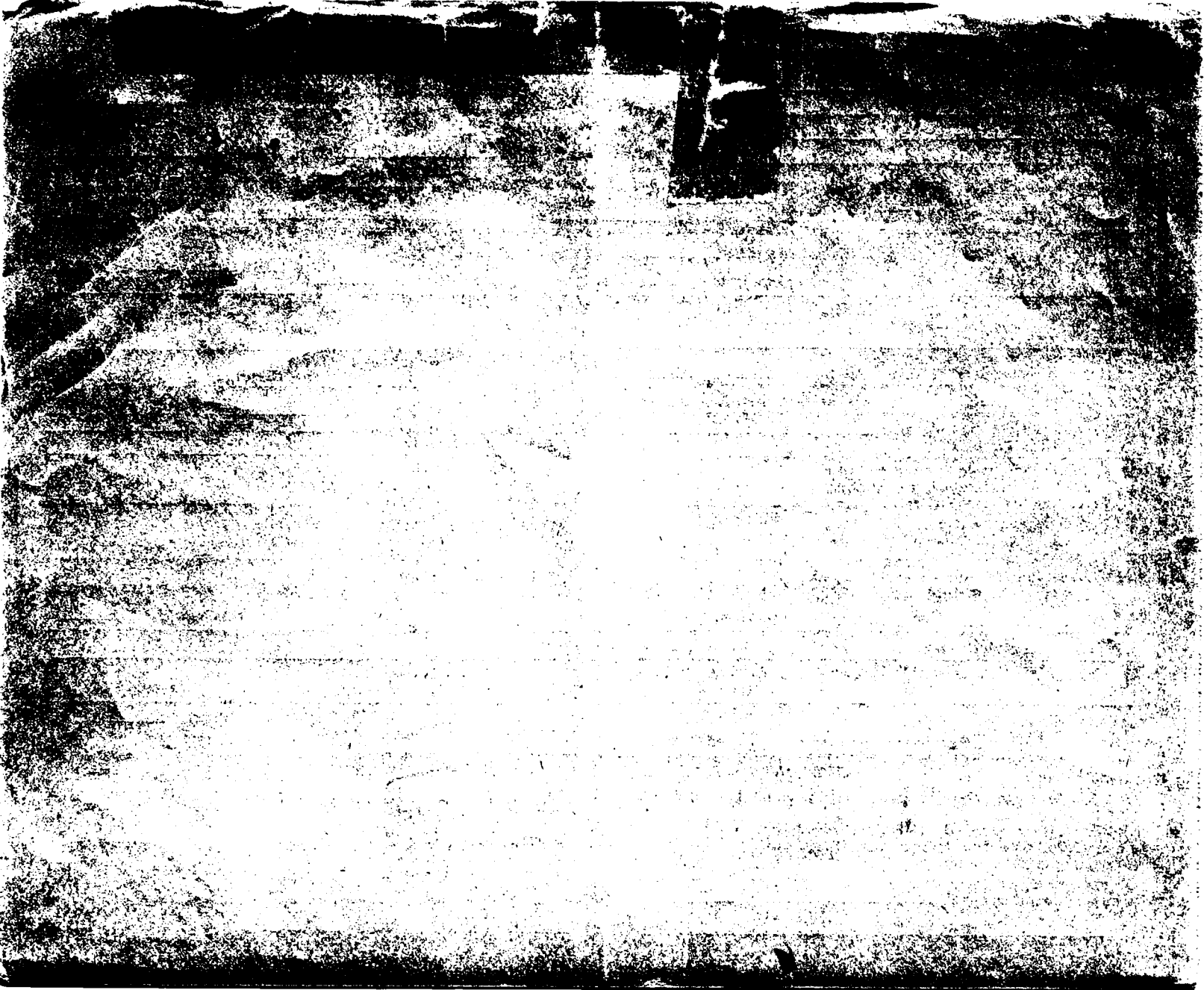
I hereby certify that I attended the birth of this child, who was St. L. born at 1:05 P. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar. Wesley Orr M. D.
or _____ Midwife
Address Cottonwood, Idaho
Filed Feb. 29, 1936 W. F. Orr Registrar.
for J.B.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
97514

1. PLACE OF DEATH **MAR 15, 1936 RECEIVED**
County of Idaho Primary Registrar 105
City of Cottonwood (No. O. G. C. Hospital St.) District No. 2183

File No. 97514
Registered No. 4

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Virginia Ann Turner (Stillborn)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. Single
(Write the word.)

16. DATE OF DEATH January 6, 1936
(Month) (Day) (Year)

6. DATE OF BIRTH. January 6, 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 191 to 191, that I last saw him alive on 191, and that death occurred on the date stated above, at 10:57 P.M.

7. AGE Yrs. Mos. ds. IF LESS than 1 day how many hrs. or min.

The CAUSE OF DEATH was as follows:
Acute Nephritis of unknown origin.

8. OCCUPATION
(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer)...

(Duration) Yrs. mos. ds.
Contributory (Secondary)

9. BIRTHPLACE
(State or Country) Cottonwood, Idaho

(Duration) yrs. mos. ds.
(Signed) Asa E. Orr M. D.
3/2 1936 (Address) Cottonwood, Idaho

10. NAME OF FATHER W. E. Turner

11. BIRTHPLACE OF FATHER
(State or Country) Idaho

12. MAIDEN NAME OF MOTHER Dorothy Schreckli

13. BIRTHPLACE OF MOTHER
(State or Country) Pendleton, Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. W. E. Turner
(Address) Shangerville

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
At place of death yrs. mos. days In the State yrs. mos. days
Where was disease contracted if not at place of death?
Former or usual residence

15. Filed Feb 29, 1936 W. F. Orr
Local Registrar

19. PLACE OF BURIAL OR REMOVAL Grainger, Idaho DATE OF BURIAL 1-6 1936
20. UNDERTAKER W. E. Turner, Shangerville, Idaho ADDRESS

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated this: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

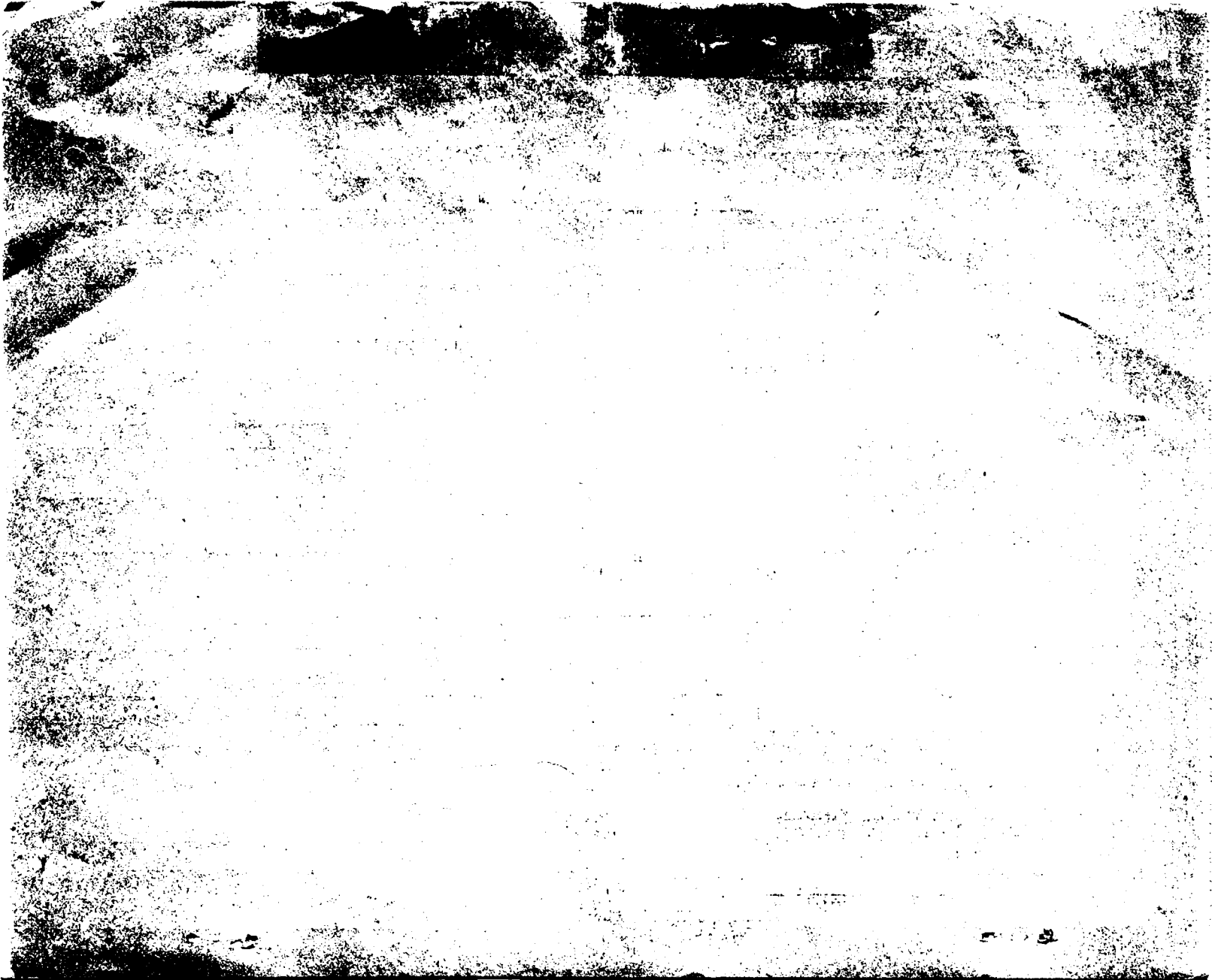
STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-*

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

253-216-026-816
1. PLACE OF BIRTH
County of Jefferson MAR 1 1936 RECEIVED
City of Bigby
No. 1 St.
Registration District No. 98 State File No. 240614
(If born in hospital or institution give name.) Prim. Registration District No. 2176 Local Registrar's No. 22
2. FULL NAME OF CHILD Baby girl Keller
3. Sex F If plural { 4. Twin, triplet, or other no 5. Number, in order of birth 1 6. Premature + 7. Legiti- mate? yes 8. Date of birth Feb. 16, 1936 (Month, Day, Year)
9. Full name FATHER John Dean Keller 10. Residence (usual place of abode) Bigby, Ida (If non-resident, give place and State)
11. Color or race W. 12. Age at last birthday 23 (years)
13. Birthplace (city or place) Pinkneyville, Ill. (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work present 17. Total time (years) spent in this work life
18. Full maiden name MOTHER Thelma Madeline 19. Residence (usual place of abode) Bigby, Ida (If non-resident, give place and State)
20. Color or race W. 21. Age at last birthday 20 (years)
22. Birthplace (city or place) Idaho (State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work present 26. Total time (years) spent in this work 1
27. What prophylactic was used to prevent Ophthalmia Neonatorum? (Stillborn)
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 2 (c) Stillborn 1
29. If stillborn, period of gestation 8 months { months or weeks 30. Cause of stillbirth of pregnancy Before labor + During labor +

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was stillborn at 1:50 p. m. on the date above stated. (Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of) _____
(Signed) J. Harper Bulley, M. D.
or _____, Midwife
Address Bigby, Idaho
Filed 1936 193 A. B. Schussell
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item, of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 97519

Registration District No. 98
Local Registration District No. 2176

MAR 13 1936 RECEIVED

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)
Geraldine Keller

2. FULL NAME _____
(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Stillborn
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Feb. 16, 1936
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min. Stillborn
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) (State or country) Rigby Idaho

MOTHER/FATHER 13. NAME Jay Ivan Keller
14. BIRTHPLACE (city or town) (State or country) Pickneyville Illinois
15. MAIDEN NAME Thelma Haderlie
16. BIRTHPLACE (city or town) (State or country) Iona Idaho

17. INFORMANT J. J. van Keller
(Address) Rigby, ID
18. BURIAL, CREMATION OR REMOVAL
Place Clark, Ida. Date Feb 17, 1936

19. UNDERTAKER None
(Address) _____
20. FILED Feb. 16, 1936
W. E. Eckersell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 16, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1936, to Feb. 16, 1936
I last saw h. alive on never, 1936: death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Fetal death ante-partum
Other contributory causes of importance:
maternal eclampsia
Date of onset Feb. 6, 1936

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936
Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) J. J. van Keller, M. D.
(Address) Rigby, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of child stated.

386-213-028-719
1. PLACE OF BIRTH **Bozeman**
County of **Coeur d'Alene**
City of **Coeur d'Alene**
No. **1415 Coeur d'Alene**

MAR 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS **240645**
CERTIFICATE OF BIRTH

(If born in hospital or institution give name.)

Registration District No. **30** State File No. **S**
Prim. Registration District No. **1050** Local Registrar's No. **21**

2. FULL NAME OF CHILD **Donna Jean Thompson**

3. Sex F.	If plural births	4. Twin, triplet, or other Twins	5. Premature	6. Legiti-	7. Date of birth Feb. 13, 1936 (Month, Day, Year)
		5. Number, in order of birth 2	Full term yes	mate? yes	

9. Full name		18. Full maiden name	
FATHER Ralph A. Thompson		MOTHER Inez Marie Garrels	
10. Residence (usual place of abode) 1118 B Street (If non-resident, give place and State) Coeur d'Alene		19. Residence (usual place of abode) 1118 B Street (If non-resident, give place and State) Coeur d'Alene	
11. Color or race W.		20. Color or race W.	
12. Age at last birthday 32 (years)		21. Age at last birthday 24 (years)	
13. Birthplace (city or place) Wisconsin (State or country)		22. Birthplace (city or place) Harrison, Idaho (State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? **20% Neo Silvol**

28. Number of children of this mother (At time of this birth and including this child)
three (a) Born alive and now living **2** (b) Born alive but now dead **1** (c) Stillborn **1**

29. If stillborn, period of gestation **9** months or weeks **9** months

30. Cause of stillbirth **Breach birth and aspirated aninatic fluid** Before labor **yes** During labor **yes**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at **6:15 P.M.** on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) **Henrietta H. Thompson** M. D.

or _____, Midwife

Give name added from a supplemental report _____
(Date of)

Address **Coeur d'Alene, Idaho**

Filed **Feb. 25, 1936** **E. L. Jackson**
Registrar.

Registrar.

DECLASSIFICATION OF RECORDS

Presidential Records and

Material Relating to the

JOHN F. KENNEDY

11/19/77

11/19/77

11/19/77

11/19/77

11/19/77

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bozeman
City of Coeur d'Alene

MAR 4 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Resident District No. 30

Primary Registration District No. 1050

DO NOT WRITE IN THIS SPACE

State File No. 97539

Local Registrar's No. 38

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donna Jean Thompson

(a) Residence. No. 1118 St. B.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed or Divorced, (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1936-2-13

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho

13. NAME Ralph Thompson

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Inez Garrels

16. BIRTHPLACE (city or town) Harrison
(State or country) Idaho

17. INFORMANT Ralph Thompson
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene Date 2-15-1936

19. UNDERTAKER Barredy Funeral Home
(Address) Coeur d'Alene, Ida.

20. FILED Feb 22, 1936 E. L. Spahr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/13 1936

22. I, HEREBY CERTIFY, That I attended deceased from Feb 13, 1936 to Feb 13, 1936

I last saw deceased, 1936: death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Breast Delivery and asphyxiated amniotic fluid

Other contributory causes of importance:

Twin Birth; long labor

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold J. Gunn

(Address) Coeur d'Alene, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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236-129-031-389

MAR 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

240688

S

1. PLACE OF BIRTH
County of Lewis
City of Winchester
No. 1 St.Registration District No. GO State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2179 Local Registrar's No. 42. FULL NAME OF CHILD (Baby Stone) Orval Christopher Stone3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature _____ 7. Legitimate? yes 8. Date of birth Feb. 29, 1936
(Month, Day, Year)9. Full name FATHER Ole C. Stone 18. Full maiden name MOTHER Irene Ozelda Christopher10. Residence (usual place of abode) Winchester, Ida 19. Residence (usual place of abode) Winchester,
(If non-resident, give place and State)11. Color or race W 12. Age at last birthday 42 (years) 20. Color or race W 21. Age at last birthday 33 (years)13. Birthplace (city or place) Norway 22. Birthplace (city or place) Minnesota
(State or Country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw mill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 129. If stillborn, period of gestation Full term { months or weeks } 30. Cause of stillbirth Unknown { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:20 p. m. on the date above stated.
(Born Alive or Stillborn)(Signed) R. H. Collins, M. D.

or _____, Midwife

Address Cassman IdFiled 3/11, 1936 R. E. Duff Registrar

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGU-PATION is very important. See instruction on back of certificate.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

State File No. **97568**

CERTIFICATE OF DEATH

County of Sevier
City of Winchester
Registration District No. 50
Primary Registration District No. 2129

Local Registrar's No. 3

(No. _____)
(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Orval Christopher Stone

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 29 1936

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winchester
(State or country) Idaho

13. NAME Orval C. Stone

14. BIRTHPLACE (city or town) Norway
(State or country)

15. MAIDEN NAME Kene Devenault

16. BIRTHPLACE (city or town) Murray Co
(State or country) Idaho

17. INFORMANT (Address) Orval C. Stone
Winchester, Ida

18. BURIAL, CREMATION, OR REMOVAL Place Winchester Date 3-1, 1936

19. UNDERTAKER (Address) C. E. Davis
Craigmont, Ida

20. FILED 3-2, 1936 P. C. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1936, to Feb 29, 1936.

I last saw h. alive on _____, 1936; death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

Stroke

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) H. A. Collins, M. D.

(Address) Craigmont Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

271-1212-078-168

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 240773

MAR 11 1936 RECEIVED

1. PLACE OF BIRTH
County of Power
City of American Falls
No. 8th
Schiff Memorial Hosp.
(If born in hospital or institution give name.)

Registration District No. 25 State File No. S

Prim. Registration District No. 2072 Local Registrar's No. 112

2. FULL NAME OF CHILD Pearl Slauch

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>Yes</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>Feb 13 1936</u> (Month, Day, Year)
9. Full name <u>Frank Slauch</u>		FATHER		18. Full maiden name <u>Pearl Johnston</u>		MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Aberdeen Ida</u>		11. Color or race <u>W</u>		12. Age at last birthday <u>46</u> (years)		20. Color or race <u>White</u>
13. Birthplace (city or place) (State or country) <u>Pleasant Grove Utah</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		21. Age at last birthday <u>35</u> (years)
16. Date (month and year) last engaged in this work <u>now</u>		17. Total time (years) spent in this work <u>30 yrs</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Aberdeen Ida</u>		22. Birthplace (city or place) (State or country) <u>McHaffey Penn</u>
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		25. Date (month and year) last engaged in this work <u>now</u>		26. Total time (years) spent in this work <u>20 yrs</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>						
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>						
29. If stillborn, period of gestation <u>26</u> months or weeks						
30. Cause of stillbirth <u>Unknown</u> Before labor <u>Yes</u> During labor <u>Yes</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn 6 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. E. McKinnin, M. D.

or _____, Midwife

Address Aberdeen Ida

Filed Mar 6, 1936 Gertrude Thornhill

Give name added from a supplemental report _____
(Date of)

Registrar.

Registrar.

DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI (100-371101)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

CLASSIFICATION: [Illegible]

REFERENCE: [Illegible]

NOTES: [Illegible]

ADMINISTRATIVE: [Illegible]

APPROVAL: [Illegible]

SIGNATURE: [Illegible]

TELETYPE: [Illegible]

TELEPHONE: [Illegible]

MAIL: [Illegible]

OTHER: [Illegible]

REMARKS: [Illegible]

DISPOSITION: [Illegible]

STATUS: [Illegible]

COMMENTS: [Illegible]

ADDITIONAL INFORMATION: [Illegible]

REMARKS: [Illegible]

DISPOSITION: [Illegible]

STATUS: [Illegible]

COMMENTS: [Illegible]

ADDITIONAL INFORMATION: [Illegible]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 11 1936 RECEIVED

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

97624

County of Proctor

City of American Falls

CERTIFICATE OF DEATH

State File No.

Registration District No. 25

Primary Registration District No. 2072

Local Registrar's No. 43

(No. Schultz Memorial Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Pearl Slough

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth: yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX <u>Girl</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Feb 12 1936</u>		
7. AGE Years _____ Months _____ Days _____	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>	
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>	
	10. Date deceased last worked at this occupation (mo. and yr.) _____	
	11. Total time (years) spent in this occupation _____	
MOTHER/FATHER	12. BIRTHPLACE (city or town) (State or country) <u>American Falls Idaho</u>	
	13. NAME <u>Frank Slough</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>	
	15. MAIDEN NAME <u>Bear Johnston</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		
17. INFORMANT <u>Frank Slough</u> (Address)		
18. BURIAL, CREMATION OR REMOVAL Place <u>Feb 13</u> Date _____, 1936		
19. UNDERTAKER <u>Frank Slough</u> (Address)		
20. FILED <u>Feb 12, 1936</u> <u>Gertrude Thombs</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) <u>Feb 12 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____ I last saw him alive on _____, 193____ death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Still birth</u> <u>Cause undetermined</u> <u>26.3 weeks</u> <u>fetal position</u> Other contributory causes of importance: _____
Date of onset _____
Name of operation <u>none</u> Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____ Where did injury occur? _____ (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>W. S. Markin</u> M. D. (Address) <u>Aberdeen, Ida</u>

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Twin Falls</u> City of <u>Twin Falls</u> No. <u>Shoshone St East</u> St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 240828	
(If born in hospital or institution give name.)		Registration District No. <u>37</u>	State File No. <u>1085</u>
2. FULL NAME OF CHILD <u>Raymond Neil Duke</u>		Prim. Registration District No. <u>1085</u>	Local Registrar's No. <u>89</u>
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>✓</u> 5. Number, in order of birth <u>✓</u>	6. Premature <u>no</u> Full term <u>yes</u>	7. Legitimate? <u>yes</u>
9. Full name <u>J. Lynn Duke</u>		18. Full maiden name <u>Halene Johnson</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Ida</u>	
11. Color or race <u>White</u>		12. Age at last birthday <u>29</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Utah</u>		22. Birthplace (city or place) (State or Country) <u>Utah</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Inspector</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Operator</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work <u>Present time</u>
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Neo Sulcol</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of stillbirth _____ { Before labor. During labor.	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Charles B. Beymer, M. D.

or _____, Midwife

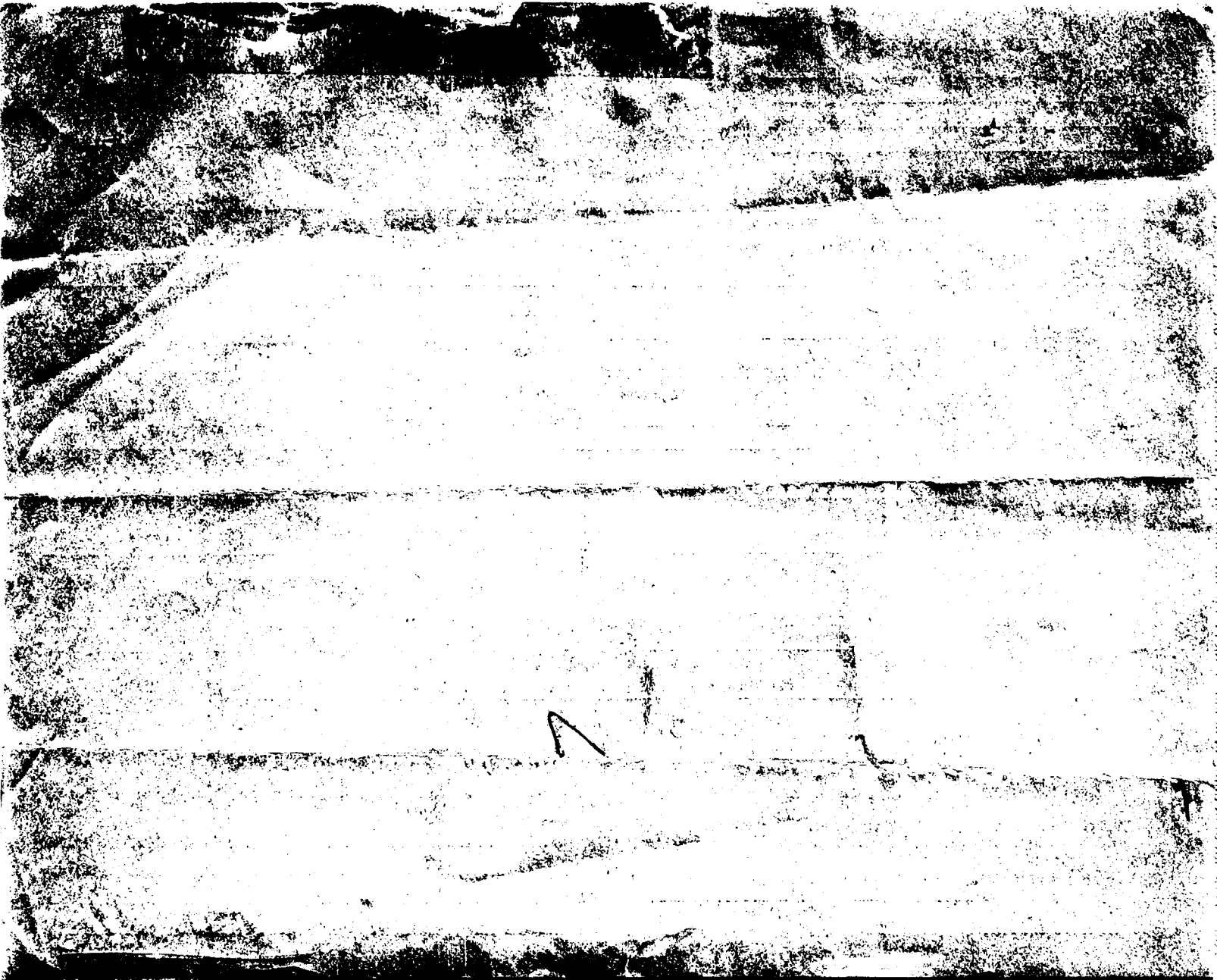
Address Twin Falls, Ida

Filed Mar 8, 1936

Registrar,

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97639

MAR 11 1936 RECEIVED

Registration District No. 37Primary Registration District No. 1005Local Registrar's No. 50

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond Neil Duke(a) Residence. No. 820 Shoshone St. Eastst. Twin Falls, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb. 24, 1936

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, Idaho
(State or country)

MOTHER/FATHER

13. NAME J. Lynn Duke

14. BIRTHPLACE (city or town) (State or country)

Utah15. MAIDEN NAME Halene Johnson

16. BIRTHPLACE (city or town) (State or country)

Utah17. INFORMANT J. Lynn Duke
(Address) Twin Falls, Idaho18. BURIAL, ~~*****~~
Place Twin Falls Cem. Date 2/26/, 193619. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho20. FILED 25, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/24/ 193622. I HEREBY CERTIFY, That I attended deceased from 2/24/, 1936, to 2/24/, 1936I last saw him ~~alive~~ on 2/24/, 1936; death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn - cause undetermined

Other contributory causes of importance:

NoneName of operation None Date of NoneWhat test confirmed diagnosis? sternal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury _____, 1936Where did injury occur? None

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. NoneManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Charles B. Bayner, M. D.(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BIRTH

County of Idaho
 City of Idaho Falls
 No. Kinship Rd. St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? yes 8. Date of birth 4/11 1936
 5. Number, in order of birth. _____ Full term yes (Month, Day, Year)

9. Full name FATHER

James Moore
 10. Residence (usual place of abode)
 (If non-resident, give place and State) Idaho Falls

11. Color or race W 12. Age at last birthday 23 (years)13. Birthplace (city or place) Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent

in this work

18. Full maiden name MOTHER

Maxine Sasser
 19. Residence (usual place of abode)
 (If non-resident, give place and State) Idaho Falls

20. Color or race W 21. Age at last birthday 19 (years)22. Birthplace (city or place) Iowa
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent

in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living. _____ (b) Born alive but now dead. _____ (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth Cord around neck 4 times { Before labor. _____ During labor. ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1 A. m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) D. A. Drake, M. D.

or _____, Midwife

Address Idaho Falls, Idaho
 Filed Mar 5, 1936 J. A. Pump Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 240850

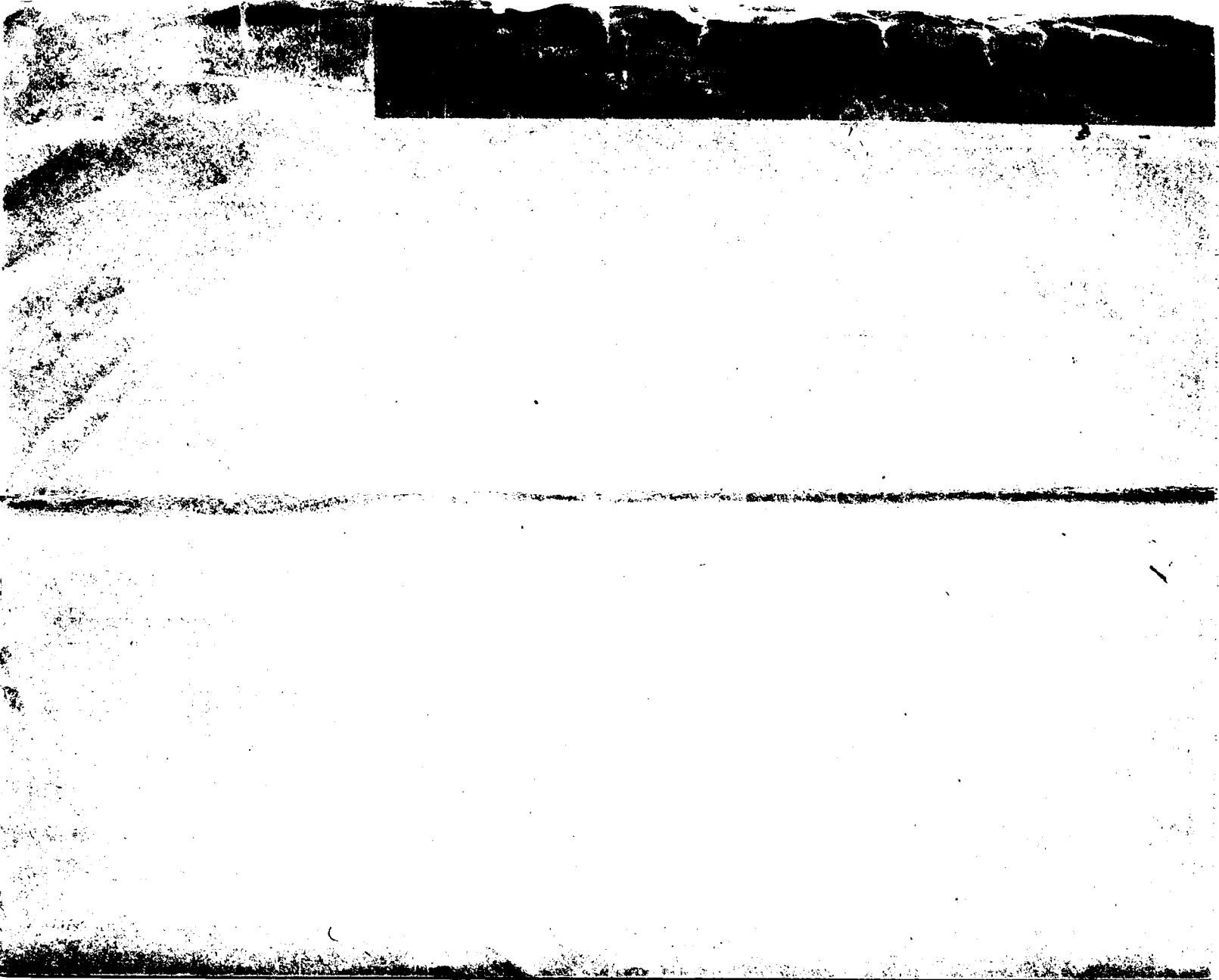
MAR 11 1936 RECEIVED

Registration District No. 37 State File No. _____Prim. Registration District No. 2085 Local Registrar's No. 48Stillborn Moore

OCCUPATION

OCCUPATION

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97641

MAR 11 1936 RECEIVED

Registration District No. 57

Registration District No. 2085

Local Registrar's No. 31

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Kimberly Naomi Lee Moore

(a) Residence. No. Kimberly Rd. (R. 2) St. _____
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/11/36

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country)

13. NAME James Moore

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Maxine Garrison

16. BIRTHPLACE (city or town) Iowa
(State or country)

17. INFORMANT James Moore
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Date 2/13, 1936

19. UNDERTAKER None
(Address)

20. FILED 2-12-, 1936 Kimberly
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/11/1936

22. I HEREBY CERTIFY, That I attended deceased from 2-11-1936 to 2-11-1936

I last saw deceased, 1936: death is said to have occurred on the date stated above, at ____ m. The principal cause of death and related causes of importance were as follows:

Cord was wrapped around infant's neck four times

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Dr. J. W. Smith, M. D.
(Address) Twin Falls

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 913-149.001-335
PLACE OF BIRTH
County of Ada
City of Burns
No. R # 2 St.
St. Lukes Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

✓S

Registration District No. 2 State File No. 24096014
Prim. Registration District No. 1004 Local Registrar's No. 14

2. FULL NAME OF CHILD Ray J. Rathbun

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth 3-19, 1936
(Month, Day, Year)

9. Full name FATHER Asa Byrnel Rathbun
10. Residence (usual place of abode) R # 2
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 29 (years)

18. Full maiden name MOTHER Yesta Selma Cliven
19. Residence (usual place of abode) R # 2
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 29 (years)

13. Birthplace (city or place) Benge, Wash.
(State or Country)

22. Birthplace (city or place) Washburn, Wash.
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Teacher
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Teacher
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:17 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

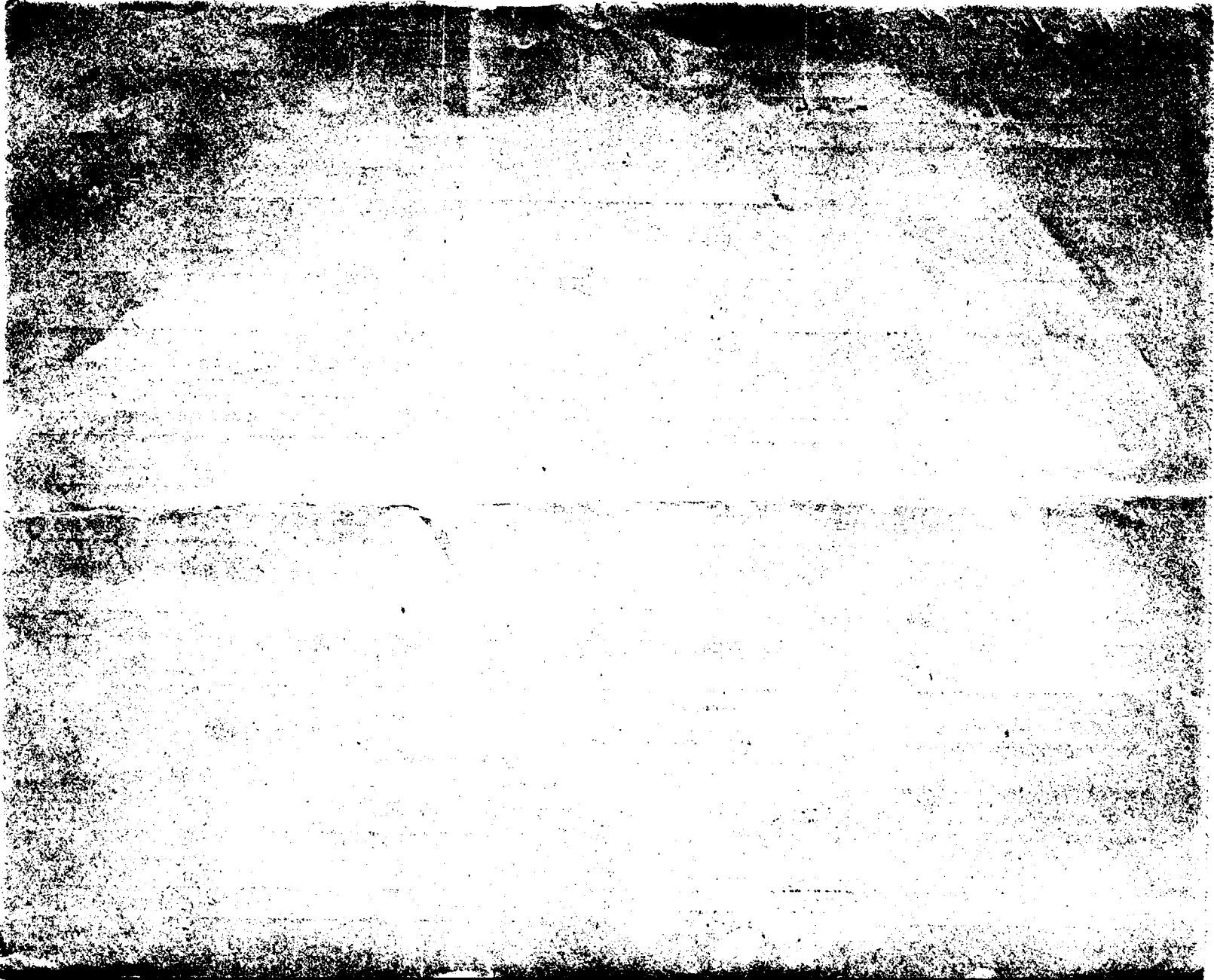
Give name added from a supplemental report _____
(Date of) _____

(Signed) J. M. Brantner, M. D.
or _____, Midwife

Address 3-26, 1936 R. Sharp
Filed _____

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

97748

State File No.

Registration District No.

Primary Registration District No.

(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

Roy J. Rathbun

(a) Residence. No.

Ustick

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>3/19/36</u>		
7. AGE	Years	Months
	--	--
		Days

		If LESS than 1 day hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Boise
(State or country)

13. NAME Asa Rathbun

14. BIRTHPLACE (city or town) Wash.
(State or country)

15. MAIDEN NAME Vesta Claver

16. BIRTHPLACE (city or town) Wash.
(State or country)

17. INFORMANT Asa Rathbun. Boise
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/20/36 193...

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 3-23, 193... 6 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/19/36 193...

22. I HEREBY CERTIFY, That I attended deceased from

Mar 19, 1936, to Mar 19, 1936.I last saw Still Born, 193...: death is saidto have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still Born
Probably Cerebral
Injury due to
long labor

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? None there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so specify.....(Signed) M. D. M. D.(Address) Boise Idaho

Branton

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. <u>193-127-003-593</u> PLACE OF BIRTH County of <u>Bannock</u> City of <u>Pocatello</u> No. <u>101 So. Johnson</u> St. <u>Pocatello General Hospital</u> (If born in hospital or institution give name.)		APR 9 1936 RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH <u>241006</u> S Registration District No. <u>28</u> State File No. _____ Prim. Registration District No. <u>2161</u> Local Registrar's No. <u>1235</u>	
2. FULL NAME OF CHILD <u>Stillborn Archibald</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>
8. Date of birth <u>Mar. 27, 1936</u> (Month, Day, Year)			
9. Full name <u>Willard Archibald</u>		18. Full maiden name <u>Edith Hill</u>	
10. Residence (usual place of abode) <u>Route #1</u> (If non-resident, give place and State)		19. Residence (usual place of abode) _____ (If non-resident, give place and State)	
11. Color or race <u>Wh-Am</u> 12. Age at last birthday <u>33</u> (years)		20. Color or race <u>Wh-Am</u> 21. Age at last birthday <u>25</u> (years)	
13. Birthplace (city or place) <u>Plymouth</u> (State or Country) <u>Utah</u>		22. Birthplace (city or place) <u>Malad</u> (State or Country) <u>Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Helper-blacksmith</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>P.F.E.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>Now employed, 19</u>		17. Total time (years) spent in this work <u>4</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Ar-yrrol 20%</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>Full term</u> { months or weeks		30. Cause of Stillbirth <u>Contracted pelvis</u> { During labor <u>Yes</u> Due to shock Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____

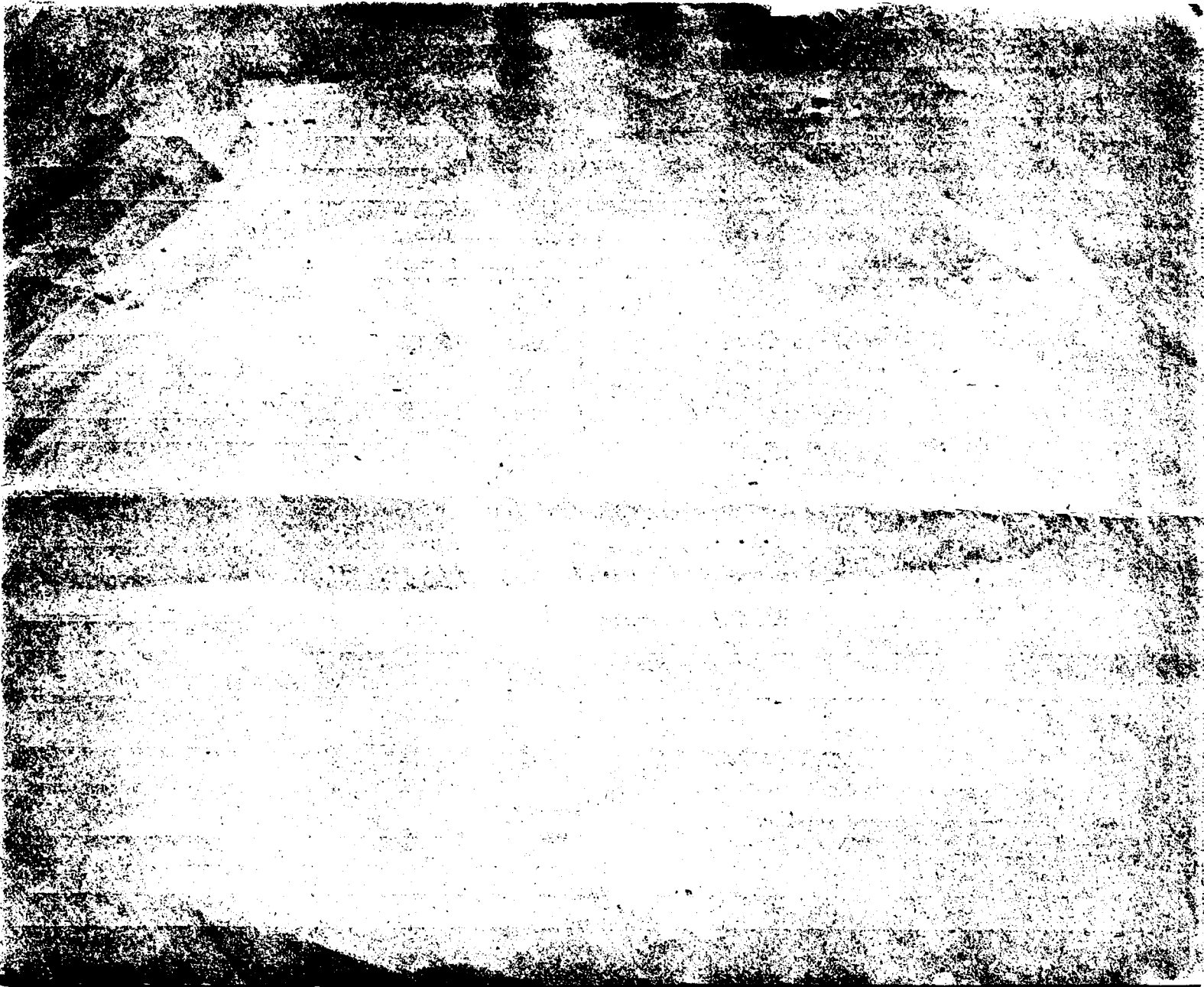
or _____

Address Pocatello

Filed 4/11/1936

D.C. Ray, M. D.
Midwife

D.C. Ray
Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97785Registration District No. 28Registration District No. 2161Local Registrar's No. 636(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Archibald(a) Residence. No. North of City by Tie Plant St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. Yrs. Mos. Ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed or Divorced (write the word) Single
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)
March 27, 1936.

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	<u>0</u>	<u>0</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pocatello, Idaho
(State or country) P Idaho.

13. NAME Willard Archibald

14. BIRTHPLACE (city or town) Plymouth, Utah.
(State or country) _____

15. MAIDEN NAME Edith Hill

16. BIRTHPLACE (city or town) Malad, Idaho.
(State or country) _____

17. INFORMANT Willard Archibald
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Malad, Idaho. Date Mar 29, 1936

19. UNDERTAKER Arthur W. Hall
(Address) Pocatello, Idaho

20. FILED Mar 28, 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-27 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h_____ alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still birth, ducts contracted pelvis (Intrauterine delivery)

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Dr. Ray(Address) Pocatello, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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993-1081005-113

1. PLACE OF BIRTH

APR 1 0 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

241067

County of Benedict
City of St. Maries, IdahoNo. St. Maries Hospital St.Registration District No. 32 State File No. 2

(If born in hospital or institution give name.)

Prim. Registration District No. 2049 Loca' Registrar's No. 12

2. FULL NAME OF CHILD

Thomas Jacobus Richey3. Sex male If plural births { 4. Twin, triplet, or other. no 5. Number, in order of birth 1 6. Premature no 7. Legitimate? yes 8. Date of birth Feb 8, 1936 (Month, Day, Year)

9. Full name FATHER

Herbert Jerome Richey10. Residence (usual place of abode) (If non-resident, give place and State) 27 W. 1st Ave. St. Maries, Idaho11. Color or race White 12. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forester15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Forest Service16. Date (month and year) last engaged in this work Feb 8, 1936 17. Total time (years) spent in this work 327. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living None (b) Born alive but now dead None (c) Stillborn One29. If stillborn, period of gestation thirty-nine months or weeks30. Cause of Stillbirth { During labor Yes Before labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:15 P. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

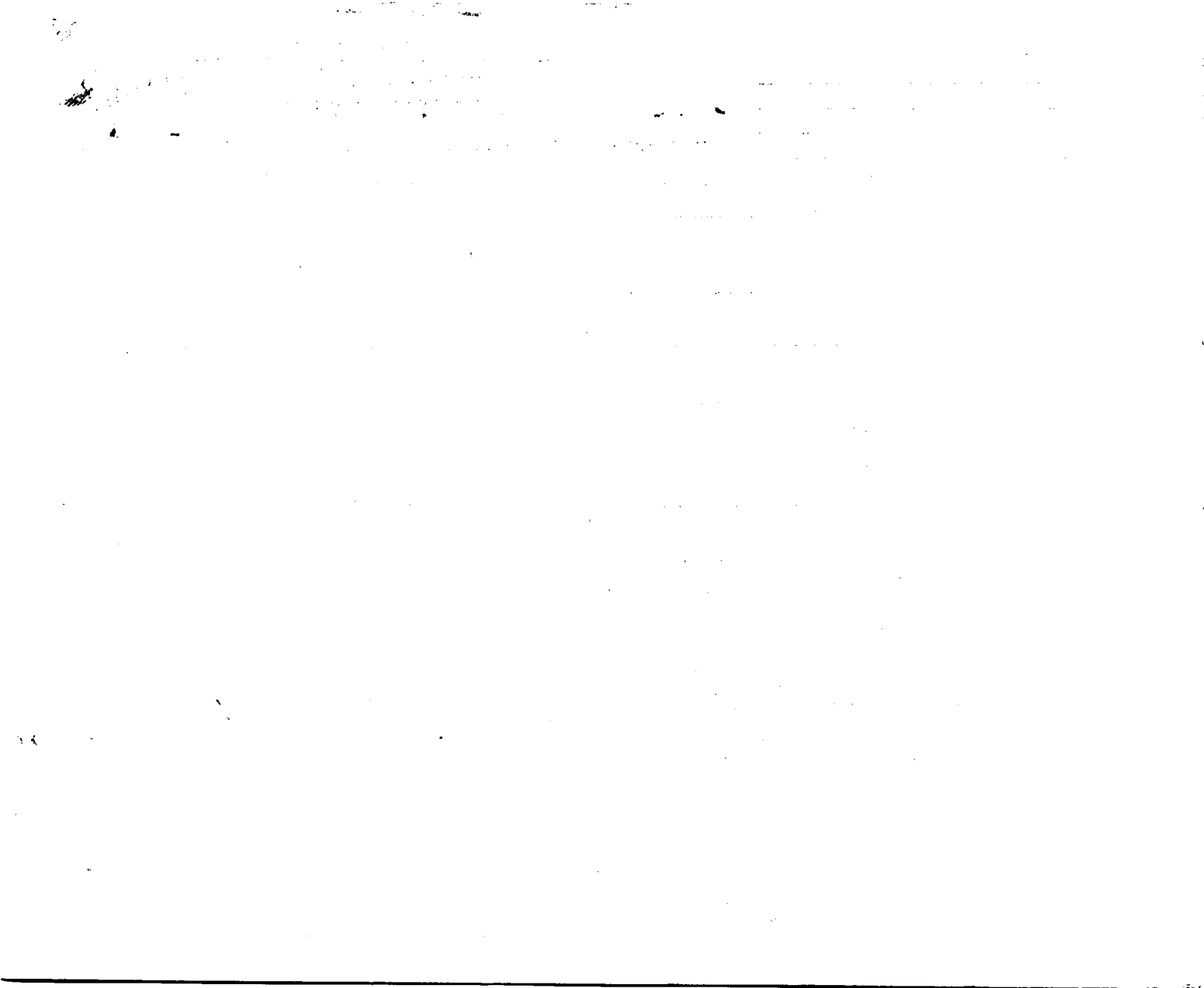
(Signed) W. H. Wall, M. D.or St. Maries, Idaho Midwife

Address

Filed April 9, 1936 Walter Bohrer

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
CERTIFICATE OF DEATH		97809	
PLACE OF DEATH APR 1 0 1936 County of <u>Renewah</u>		State File No. _____	
City of <u>St. Maries</u> Registration District No. <u>32</u>		Local Registrar's No. <u>9</u>	
Primary Registration District No. <u>2049</u> (No. <u>St. Maries Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		7 6	
2. FULL NAME <u>Thomas Jacobs Richey</u>			
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Stillborn</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Feb. 8, 1936.</u>			
7. AGE <u>Stillborn</u>	Years	Months	Days
			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION			
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc</u>			
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>St. Maries, Idaho</u> (State or country)			
MOTHER FATHER			
13. NAME <u>Herbert Jerome Richey.</u>			
14. BIRTHPLACE (city or town) (State or country)			
15. MAIDEN NAME <u>Katherine Rose Jacobs.</u>			
16. BIRTHPLACE (city or town) <u>Nex Perce, Idaho</u> (State or country)			
17. INFORMANT <u>Mother</u> (Address) <u>St. Maries, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>St. Maries, Idaho</u> Date <u>2/10/36, 193</u>			
19. UNDERTAKER <u>Stapish Funeral Home</u> (Address) <u>St. Maries, Idaho</u>			
20. FILED <u>Apr 9, 1936</u> <u>Walter Deberg</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>2/8/36.</u> 193			
22. I HEREBY CERTIFY, That I attended, deceased from <u>2/8/36.</u> 193, to <u>2/8/36</u> , 193.			
STILLBORN.			
I last saw him alive on _____, 193; death is said to have occurred on the date stated above, at <u>11:03 PM</u>			
The principal cause of death and related causes of importance were as follows:			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____			
(Signed) <u>St. Maries, Idaho</u> , M. D.			
(Address) _____			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

869-118-005-238

1. PLACE OF BIRTH
County of Bennett
City of Bennett
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **241074**

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APR 14 1936 RECEIVED
(If born in hospital or institution give name.)

Registration District No. 46 State File No. _____
Prim. Registration District No. 2123 Local Registrar's No. 35

2. FULL NAME OF CHILD Unnamed Gorb

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other. <u>—</u>	5. Number, in order of birth <u>—</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>March 18 1936</u> (Month, Day, Year)
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9. Full name <u>Charles E. Gorb</u>	FATHER	18. Full maiden name <u>Filomena Schow</u>	MOTHER
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10. Residence (usual place of abode) <u>Bennett</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Bennett</u> (If non-resident, give place and State)
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11. Color or race <u>W</u>	12. Age at last birthday <u>21</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>20</u> (years)
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13. Birthplace (city or place) <u>Calville</u> (State or Country)	22. Birthplace (city or place) <u>Idaho</u> (State or Country)
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OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Reborn</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Wood laborer</u> 16. Date (month and year) last engaged in this work <u>March 17, 1936</u> 17. Total time (years) spent in this work <u>—</u>	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>house work</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>General</u> 25. Date (month and year) last engaged in this work <u>March 17, 1936</u> 26. Total time (years) spent in this work <u>—</u>
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? no

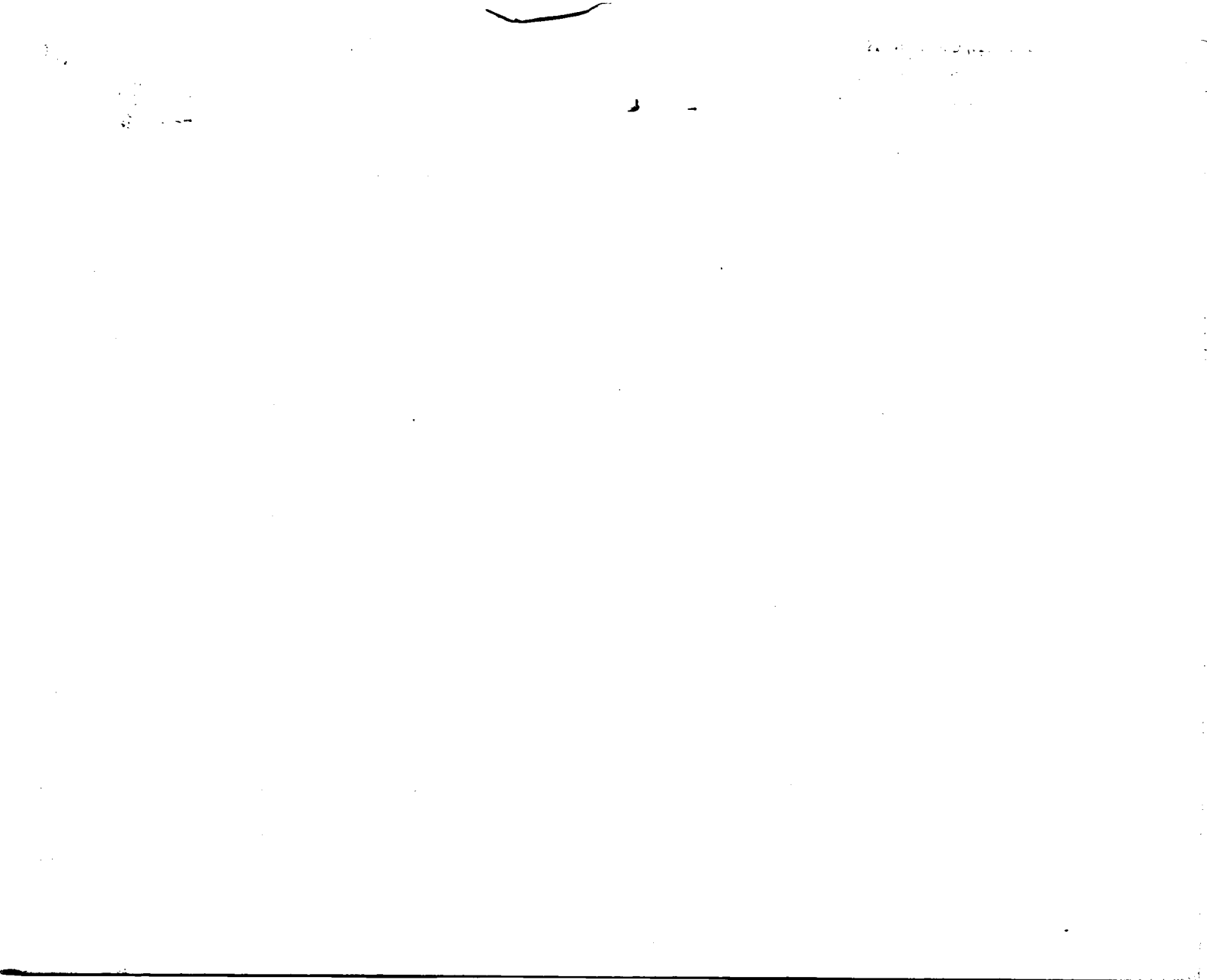
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living no (b) Born alive but now dead no (c) Stillborn 2

29. If stillborn, period of gestation <u>5 months</u> { months or weeks	30. Cause of stillbirth { Before labor <u>Infected</u> During labor <u>—</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 7 39 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
(Signed) J. A. Nelson, M. D.
or _____, Midwife
Address Idaho Falls
Filed 4-13 1936 Freda Robinson
Registrar.



NOTE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BlaineCity of Plummer
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
Registration District No. 46Primary Registration District No. 2123

DO NOT WRITE IN THIS SPACE

97802

State File No. _____

Local Registrar's No. 27

APR 14 1936

RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Unnamed Garber

(a) Residence. No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. Color or Race W5. Single, Married, Widowed or Divorced (write the word) Infant5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant6. DATE OF BIRTH (month, day, and year) March 18-36

7. AGE

Years

Months

Days

If LESS than 1 day ____ hrs. or ____ min.

Still born

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Plummer Idaho

MOTHER FATHER

13. NAME Charles E Garber14. BIRTHPLACE (city or town) (State or country) Wash, Calhoun15. MAIDEN NAME Flora A. School16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT (Address) Charles E. Garber

18. BURIAL, CREMATION OR REMOVAL

Place. Plummer IdahoDate 4-19, 193619. UNDERTAKER (Address) Charles E. Garber (Father)20. FILED 4-13, 1936Lud A. Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 18 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h. _____ alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:Still bornMother had Infected

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. A. Nelson(Address) Idaho

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

864-131.006-294

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot, Route 3
No. _____ St. _____

APR 8 1936

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1104

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(If born in hospital or institution give name.)

Registration District No. 121 State File No. _____
Prim. Registration District No. 2194 Local Registrar's No. 62

2. FULL NAME OF CHILD. (Stillborn & Unnamed) Young.

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>March 31</u> , 19 <u>36</u> (Month, Day, Year)
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9. Full name <u>Luther Young</u>	FATHER	18. Full maiden name <u>Tresa Bruggenkamp.</u>	MOTHER
10. Residence (usual place of abode) <u>Blackfoot, R. 3</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Blackfoot, R. 3.</u> (If non-resident, give place and State)	
11. Color or race <u>White</u>	12. Age at last birthday <u>33</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>25</u> (years)
13. Birthplace (city or place) <u>Missouri</u> (State or Country)		22. Birthplace (city or place) <u>Blackfoot, Idaho.</u> (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sheepman & Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Stockraising</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work <u>Mar. 31</u> , 19 <u>36</u>	17. Total time (years) spent in this work <u>15</u>	25. Date (month and year) last engaged in this work <u>Mar. 31</u> , 19____	26. Total time (years) spent in this work <u>7</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 1 (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 9 mo. { months _____ or weeks _____

30. Cause of Stillbirth { During labor _____ Before labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead at 4:00 A. M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

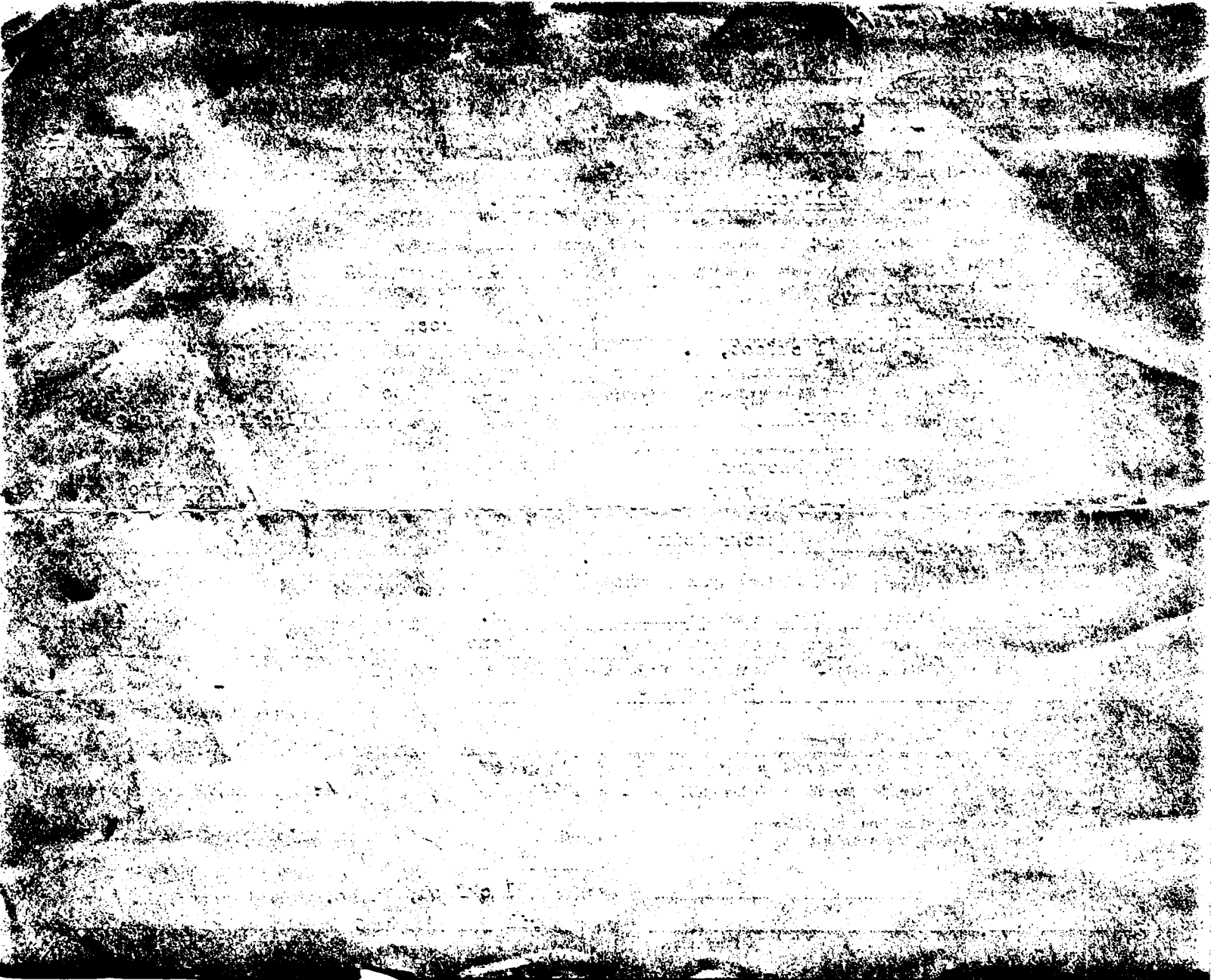
(Date of) _____

Registrar. _____

(Signed) M. D. Estrie. _____, M. D.
or _____, Midwife

Address Blackfoot, Idaho.

Filed April 1, 1936 Mrs. Helen E. Estrie
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 6 1936 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
PLACE OF DEATH
County of Bingham.
City of Blackfoot Route 3
8 Miles N.E.
Registration District No. I21
Primary Registration District No. 2194

DO NOT WRITE IN THIS SPACE
97813
State File No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn (& Unnamed) Young.

(a) Residence. No. 8 Miles N.E. from Blackfoot, (R.3) St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of _____ (Stillborn)
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)
March 31, 1936

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillborn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Blackfoot, Ida. R.3
(State or country)

13. NAME Luther Young.

14. BIRTHPLACE (city or town) Missouri.
(State or country)

15. MAIDEN NAME Tresa Bruggenkamp.

16. BIRTHPLACE (city or town) Bingham Co. Idaho
(State or country)

17. INFORMANT _____
(Address) Blackfoot, Idaho, R. 3

18. BURIAL, CREMATION OR REMOVAL
Place Burial Ranch Date Apr 1, 1936

Acting
19. UNDERTAKER Luther Young
(Address) Blackfoot, Idaho, R.3

20. FILED April 1, 1936
Registrar M. D. Stine

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936, to after death, 1936.

I last saw h. deceased 5:15 P.M. 1936: death is said to have occurred on the date stated above, at 4:15 m.

The principal cause of death and related causes of importance were as follows:

Placenta detachment before birth. (Placenta previa)

Date of onset

about 1 hr.

Other contributory causes of importance:

M.D. attendance 1 hour after birth.

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to exte'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) M. D. Stine M. D.
(Address) Blackfoot, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bannock</u> City of <u>Idaho Falls</u> No. <u>Spencer Hospital</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 41147 Registration District No. <u>73</u> State File No. <u>171</u> Prim. Registration District No. <u>2140</u> Local Registrar's No. <u>171</u>	
2. FULL NAME OF CHILD <u>Infant</u> <u>Harris</u>			
3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth
6. Premature	7. Legitimate?	8. Date of birth <u>Mar. 3, 1934</u> (Month, Day, Year)	
9. Full name <u>Allen Davidson Harris</u>		10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>	
11. Color or race <u>White</u>		12. Age at last birthday <u>23</u> (years)	
13. Birthplace (city or place) (State or country) <u>Idaho Falls, Oregon</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Blind Bull Coal Co.</u>		16. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work <u>2 yrs.</u>		18. Full maiden name <u>Marguerite Jorgensen</u>	
19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>		20. Color or race <u>White</u>	
21. Age at last birthday <u>22</u> (years)		22. Birthplace (city or place) (State or country) <u>Idaho Falls, Idaho</u>	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work <u>14 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Argyrol 15%</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>4</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation		30. Cause of stillbirth	
months or weeks		Before labor During labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12 noon m. on the date above stated.
(If born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ed. Jorgensen, M. D.

or _____, Midwife

Give name added from a supplemental report _____
(Date of)

Address Idaho Falls, Ida

Filed April 4, 1934 C. Jorgensen
Registrar.

DECLASSIFICATION OF RECORDS

ON THE BASIS OF THE FOLLOWING INFORMATION:

1. The records are of the following type:

2. The records are of the following date:

3. The records are of the following nature:

4. The records are of the following origin:

5. The records are of the following content:

6. The records are of the following value:

7. The records are of the following importance:

8. The records are of the following significance:

9. The records are of the following interest:

10. The records are of the following relevance:

11. The records are of the following utility:

12. The records are of the following use:

13. The records are of the following purpose:

14. The records are of the following result:

15. The records are of the following effect:

16. The records are of the following impact:

17. The records are of the following influence:

18. The records are of the following power:

19. The records are of the following force:

20. The records are of the following energy:

21. The records are of the following strength:

22. The records are of the following power:

23. The records are of the following force:

24. The records are of the following energy:

25. The records are of the following strength:

26. The records are of the following power:

27. The records are of the following force:

28. The records are of the following energy:

29. The records are of the following strength:

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **97374**

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 73Primary Registration District No. 2150Local Registrar's No. 45

1936 RECEIVED

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Harris - Stillborn(a) Residence. No. Corner 6th and Holmes St. Idaho Falls, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

March 3, 1936

7. AGE Years 2 1/2 Months 0 Days 0 If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

MOTHER FATHER

13. NAME Allen D. Harris14. BIRTHPLACE (city or town) Corvallis, Ore.
(State or country)15. MAIDEN NAME Margaret Jorgensen16. BIRTHPLACE (city or town) Idaho Falls, Ida.
(State or country)17. INFORMANT Allen D. Harris
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls, Ida Date Mar. 4, 193619. UNDERTAKER None
(Address)20. FILED Mar. 7, 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/3 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw him alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn from
Primipara

Other contributory causes of importance:

Poorer presentation
Large head
Instrumental delivery

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. J. Jorgensen M. D.(Address) Idaho Falls, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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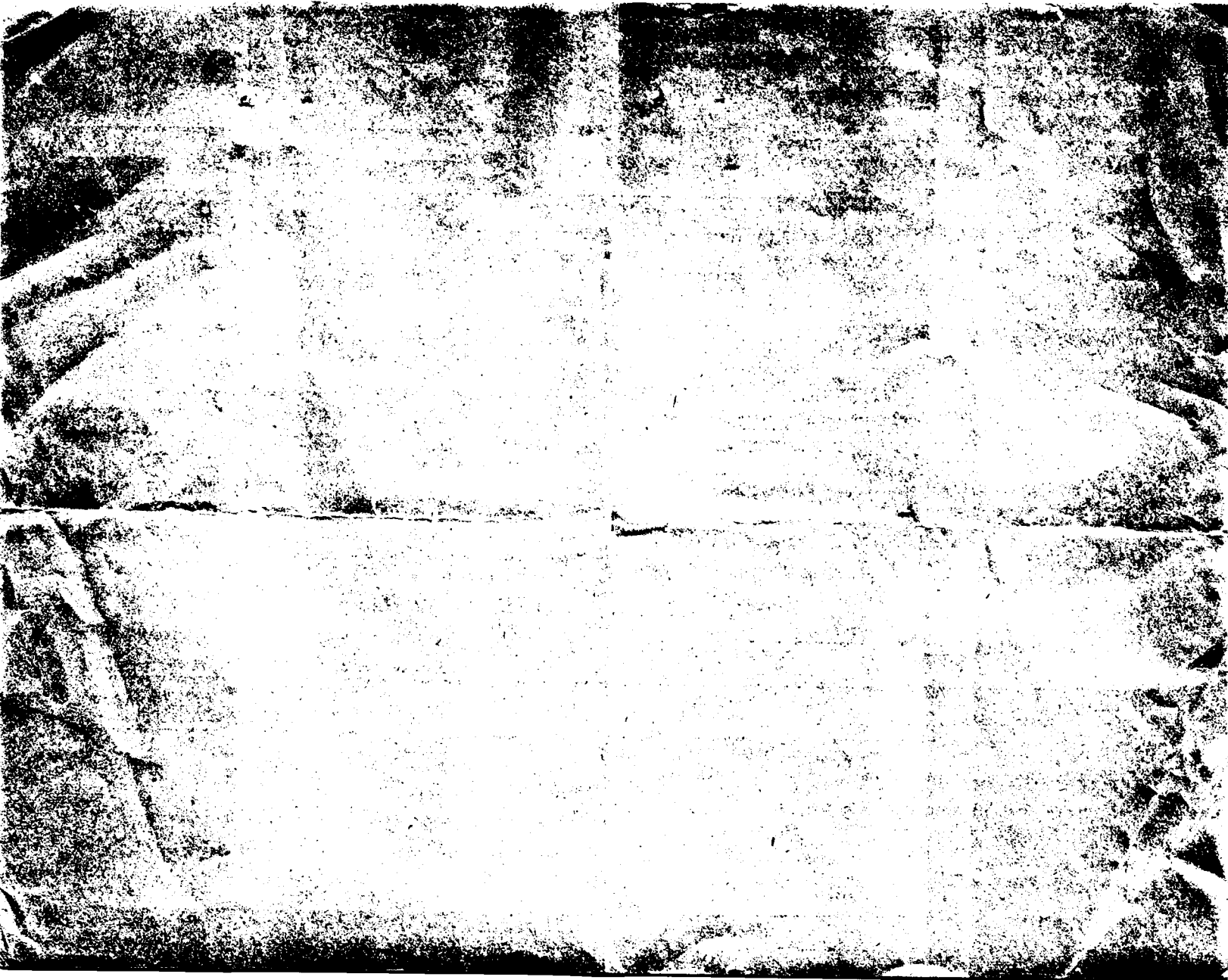
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Banner</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Idaho Falls</u>		BUREAU OF VITAL STATISTICS	
No. <u>L. D. S. Hospital</u> St. _____		CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		Registration District No. <u>73</u> State File No. _____	
2. FULL NAME OF CHILD <u>Stillbirth</u>		Prim. Registration District No. <u>23-0</u> Local Registrar's No. <u>179</u>	
3. Sex <u>girl</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____
		5. Number, in order of birth _____	7. Legitimate? <u>yes</u>
Full name	FATHER	18. Full maiden name	MOTHER
<u>Robert Anderson Egbert</u>		<u>Alie Strong</u>	
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Idaho Falls</u>	19. Residence (usual place of abode) (If non-resident, give place and State)	
11. Color or race <u>W</u>	12. Age at last birthday <u>41</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>39</u> (years)
13. Birthplace (city or place) (State or Country)	<u>Salt Lake City Utah</u>	22. Birthplace (city or place) (State or Country)	<u>Raynolds Utah</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Teaching</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>H. Wife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	<u>Lincoln</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>Own home</u>
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
<u>March</u> , 19 <u>36</u>	<u>11</u>	<u>March</u> , 19 <u>36</u>	<u>20 years</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ Before labor _____ During labor _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>6</u> p. m. on the date above stated. (Born <u>Alive</u> or Stillborn)			
(Signed) _____, M. D.			
or _____, Midwife			
Address <u>Idaho Falls</u>			
Filed <u>April 6</u> , 19 <u>36</u> _____ Registrar.			

Registrar.

Registrar.



APR 8 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

97841

County of BannockCity of Idaho Falls

CERTIFICATE OF DEATH

State File No.

Registration District No. 73Primary Registration District No. 2,40Local Registrar's No. 65(No. L. S. S. Haupt)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Still born

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Girl4. Color or Race W.

5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Still born6. DATE OF BIRTH (month, day, and year) Infant

7. AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinster,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last work-
ed at this occupation
(mo. and yr.)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Idaho Falls
(State or country)

MOTHER/FATHER

13. NAME Robert Anderson Egbert14. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah15. MAIDEN NAME Olivia Stung16. BIRTHPLACE (city or town) Laysville
(State or country) Utah17. INFORMANT Mr. R. A. Egbert
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls Date Apr. 11, 193619. UNDERTAKER Idaho Falls
(Address)20. FILED Apr. 4, 1936 Idaho Falls
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/5 1936

22. I HEREBY CERTIFY That I attended deceased from

Apr. 5, 1936, to Apr. 5, 1936I last saw her alive on Apr. 5, 1936; death is said

to have occurred on the date stated above, atm.

The principal cause of death and related causes of importance were as follows:

Periparturient
Nephrotic Toxemia

Date of onset

4/3/36

Other contributory causes of importance:

Partial Placenta
Moroia

Conception

Name of operation Date of

What test confirmed diagnosis? Lot Was there an autopsy? No23. If death was due to external causes (violence) fill in also
the following:

Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation
of deceased? If so, specify(Signed) Idaho Falls

(Address)

M. D.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

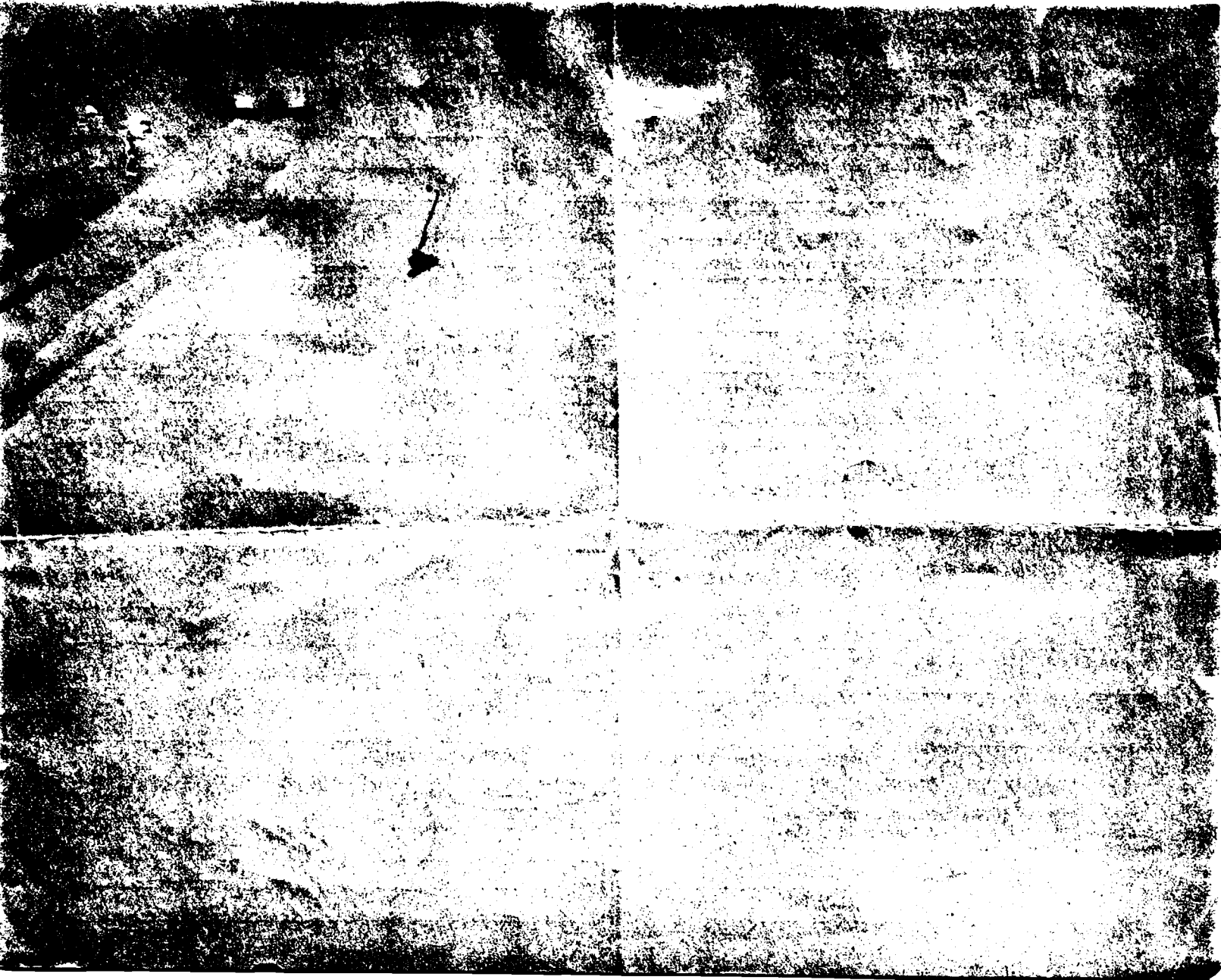
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Idaho Falls</u>		BUREAU OF VITAL STATISTICS	
No. <u>L. S. S. Hospital</u>		CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		Registration District No. <u>23</u>	State File No. <u>241161</u>
2. FULL NAME OF CHILD <u>Still birth</u>		Prim. Registration District No. <u>21</u>	Local Registrar's No. <u>140</u>
3. Sex <u>girl</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>5 mo.</u> Legiti- Full term _____ mate? <u>yes</u>	8. Date of birth <u>3-25-1936</u> (Month, Day, Year)
9. Full name <u>Ray C. Wood</u>	FATHER	18. Full maiden name <u>Anna Myrtle Nielson</u>	MOTHER
10. Residence (usual place of abode) <u>Idaho</u>	(If non-resident, give place and State)	19. Residence (usual place of abode) <u>Idaho</u>	(If non-resident, give place and State)
11. Color or race <u>W.</u>	12. Age at last birthday <u>49</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>43</u> (years)
13. Birthplace (city or place) <u>Milton Utah</u>	(State or Country)	22. Birthplace (city or place) <u>Mink Creek Idaho</u>	(State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clarville</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>W. P. a</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>N. R.</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
16. Date (month and year) last engaged in this work <u>March 1936</u>	17. Total time (years) spent in this work <u>2 mo.</u>	25. Date (month and year) last engaged in this work <u>March 1936</u>	26. Total time (years) spent in this work <u>20 years</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>5 mo.</u>	{ months or weeks	30. Cause of Stillbirth <u>Septicemia</u>	{ Before labor <u>yes</u> During labor _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>6:37</u> p.m. on the date above stated. (Born Alive or Stillborn)			
(Signed) _____, M. D.			
or _____, Midwife			
Address <u>Idaho Falls</u>			
Filed <u>4-2-36</u> , 1936 <u>W. J. J. J.</u> Registrar.			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

97842

State File No.

APR 8 1936

RECEIVED

Registration District No. 13

Primary Registration District No. 2140

Local Registrar's No. 59

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

white

5. Single, Married, Widowed or Divorced (write the word)

Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

March 25 1936

7. AGE

Years

Months

Days

If LESS than

I day hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Date

19. UNDERTAKER (Address)

20. FILED Apr 24 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/25 1936, to 3/25 1936.

I last saw him alive on 3/25 1936; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation 5 mos. 3/25/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also

Accident, suicide, or homicide? Date of injury, 193.

When did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed)

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.E.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **APR 8 1936 RECEIVED** STATE OF IDAHO
County of Bonneville DEPARTMENT OF PUBLIC WELFARE
City of Shoshone BUREAU OF VITAL STATISTICS
No. Memorial Hospital **CERTIFICATE OF BIRTH 241162 S**
(If born in hospital or institution give name.) Registration District No. 73 State File No. _____
Prim. Registration District No. 2, 50 Local Registrar's No. 139

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature Yes Legitimate? Yes Full term No Date of birth 3-14, 1936 (Month, Day, Year)

9. Full name FATHER William Albert Hoffman 18. Full maiden name MOTHER Alice May Hall
10. Residence (usual place of abode) Shoshone, Idaho 19. Residence (usual place of abode) Shoshone, Idaho
(If non-resident, give place and State) R # 2 (If non-resident, give place and State) R # 2

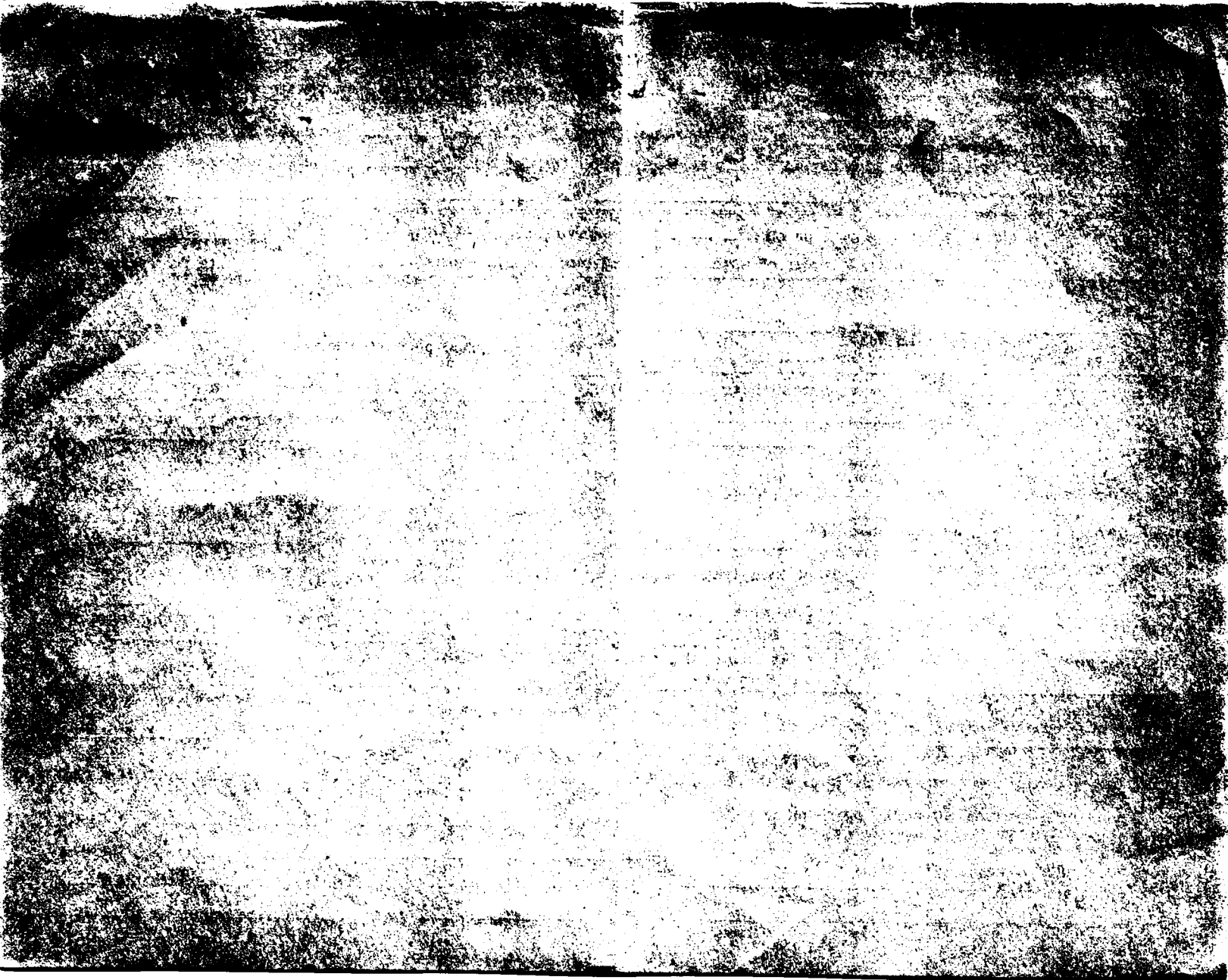
11. Color or race white 12. Age at last birthday 40 (years) 20. Color or race white 21. Age at last birthday 32 (years)
13. Birthplace (city or place) Shoshone, Idaho 22. Birthplace (city or place) Ogden, Utah
(State or Country) Idaho (State or Country) Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ironer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own farm
16. Date (month and year) last engaged in this work March, 1936 17. Total time (years) spent in this work 6 yrs 25. Date (month and year) last engaged in this work March, 1936 26. Total time (years) spent in this work 16 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 3
29. If stillborn, period of gestation about 4 1/2 mo = { months or weeks } 30. Cause of Stillbirth Placental hemorrhage during labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was dead at 3:30 on the date above stated.
(Born Alive or Stillborn)
(Signed) John O'Mellar, M. D.
or _____, Midwife
Address Shoshone, Idaho
Filed March 17, 1936 C. J. Conner Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



APR 8 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of BonnevilleCity of Idaho Falls

CERTIFICATE OF DEATH

State File No. 97843Registration District No. 3Primary Registration District No. 240Local Registrar's No. 53

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Chris Linn

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. Color or Race White5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year)
Mar. 14 - 19367. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Bonneville county13. NAME Wm. Alvin Hulme14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho15. MAIDEN NAME Alice May Holley16. BIRTHPLACE (city or town) Ogden
(State or country) Utah17. INFORMANT Mrs. Alvin Hulme
(Address) (Mother)18. BURIAL, CREMATION OR REMOVAL By father
Place Date , 193619. UNDERTAKER
(Address)20. FILED Mar. 17, 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 11 1936

I HEREBY CERTIFY, That I attended deceased from

....., 193...., to , 193....

I last saw h.... alive on , 193....; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Still birth from induced labor about 4 1/2 mos. gestation
Placenta praevia
Other contributory causes of importance
with uncontrollable hemorrhage

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) J. O. Miller M. D.(Address) Idaho Falls

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child, a separate return must be made for each, and the number of birth stated.

1. PLACE OF BIRTH			STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS				S	
County of <u>Bonne</u>			APR 5 1936 RECEIVED				CERTIFICATE OF BIRTH 41230	
City of <u>Arco</u>			Registration District No. <u>57</u>				State File No. <u>10</u>	
No. <u>St.</u>			Prim. Registration District No. <u>2129</u>				Local Registrar's No. <u>10</u>	
Egbert Hospital			Full term <u>mate? Yes</u>				Date of birth <u>Mar. 17, 1936</u> (Month, Day, Year)	
(If born in hospital or institution give name.)								
2. FULL NAME OF CHILD <u>Alice Noble</u> (Stillborn)								
3. Sex <u>female</u>		4. Twin, triplet, or other		6. Premature <u>X</u>		7. Legiti-		
If plural births		5. Number, in order of birth		Full term		mate? <u>Yes</u>		
9. Full name <u>Annie W. Noble</u>		FATHER		18. Full maiden name <u>Alice Davis</u>		MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Moore</u>		11. Color or race <u>W.</u>		12. Age at last birthday <u>28</u> (years)		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Moore</u>		
13. Birthplace (city or place) <u>Last River</u> (State or country) <u>Idaho</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		20. Color or race <u>W.</u>		
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		21. Age at last birthday <u>29</u> (years)		22. Birthplace (city or place) <u>Geneva, N.Y.</u> (State or country)		
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?		28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead (c) Stillborn <u>1</u>		29. If stillborn, <u>253 days</u> months or weeks		30. Cause of stillbirth <u>Cord strangulated</u>		
Before labor <u>Yes</u>		During labor						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [Signature], M. D.

or [Signature], Midwife

Address Arco, Idaho

Filed Mar. 20, 1936 Mary G. Dietrich

Registrar.

Registrar.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

RECEIVED
JAN 11 1964

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 5 1936

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 97868

PLACE OF DEATH

County of Butte

City of Arco

Registration District No. 59

Primary Registration District No. 2129

(No. Egbert Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 7

2. FULL NAME Alice Noble (Stillborn)

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Mar. 19 - 1936

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

Stillborn

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Arco - Idaho
(State or country)

10. NAME OF FATHER

Archie W. Noble

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Lost River Idaho

12. MAIDEN NAME OF MOTHER

Alice Davies

13. BIRTHPLACE OF MOTHER (city or town) Geneva - N.Y.
(State or Country)

14. Informant Alice Davis Noble -

(Address) Moore - Idaho

15. Filed Mar. 22, 1936.

Mary G. Dietrich

Registrar

16. DATE OF DEATH

March

19

1936

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19 to 19

that I last saw h alive on 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Stillborn

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Mar. 19 1936 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, ~~Cremation~~, or Removal

Date of Burial

Lost River -

Mar. 19 1936

20. Undertaker

Address

None

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 869-2241014-789
PLACE OF BIRTH
County of Canyon
City of Caldwell
No. 62 #2

APR 11 1936

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
241245

Registration District No. _____ State File No. _____
Prim. Registration District No. 2005 Local Registrar's No. 52

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD "Still born" York

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <input checked="" type="checkbox"/> Full term _____	7. Legitimate? <input checked="" type="checkbox"/>	8. Date of birth <u>March 24, 1936</u> (Month, Day, Year)
-------------------------	--	---	--	--

9. Full name FATHER
Consad Ray York

18. Full maiden name MOTHER
Mary Louise Phillips

10. Residence (usual place of abode)
(If non-resident, give place and State) Caldwell, P. 2

19. Residence (usual place of abode)
(If non-resident, give place and State) Caldwell, P. 2

11. Color or race W 12. Age at last birthday 40 (years)

20. Color or race W 21. Age at last birthday 30 (years)

13. Birthplace (city or place)
(State or Country) Clinton, Georgia

22. Birthplace (city or place)
(State or Country) Emmett, Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 0

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 3

29. If stillborn, period of gestation <u>5 months</u> { months or weeks	30. Cause of stillbirth { Before labor During labor
	<u>unknown</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) D. C. R. Whittenburger D.O., M. D.

or _____, Midwife

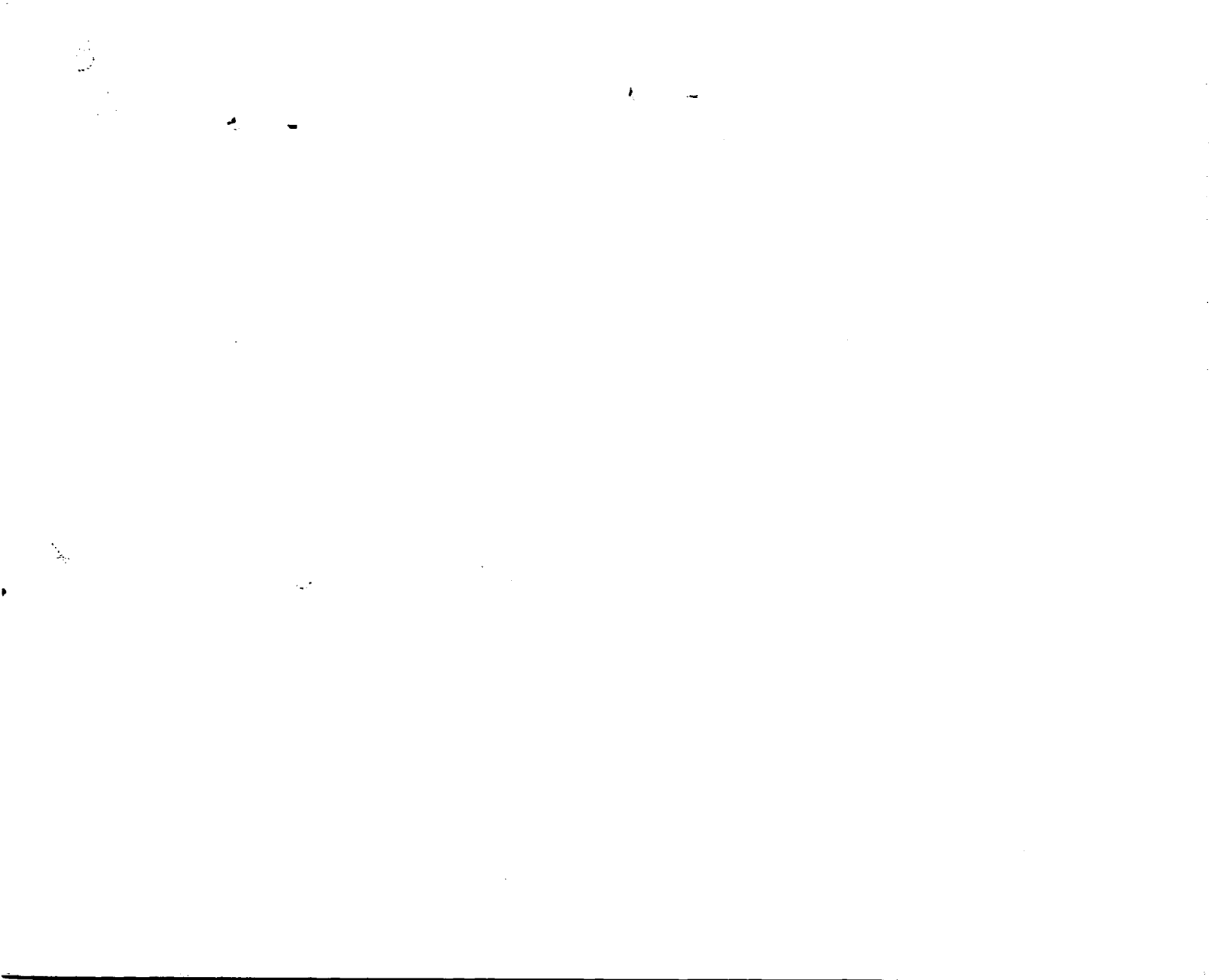
Address Caldwell, Idaho

Filed 4/16, 1936 Thurmontgomery

(Date of)

Registrar.

Registrar



MARGIN RESERVED FOR BINDING
N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Caldwell, Idaho

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

98341

State File No.

MAY 11 1936 RECEIVED

Registration District No.
Principal Registration District No. 2005

Local Registrar's No. 72

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME "Stiffborn" York
(a) Residence. No. Caldwell, Idaho St. GP # 2
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) —
6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of March 24, 1936
6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
0 mo

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell, Idaho
(State or country) GP # 2

13. NAME Conrad Ray York

14. BIRTHPLACE (city or town) Charlton, Virginia
(State or country)

15. MAIDEN NAME Mary Louise Phillips

16. BIRTHPLACE (city or town) Emmott, Idaho
(State or country)

17. INFORMANT C. R. York
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place At home Date Mar 24, 1936

19. UNDERTAKER No
(Address)

20. FILED 4-30, 1936 C. R. York
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936, to post delivery, 193....

I last saw h... alive on, 193.... death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Degenerative placenta about five months

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 193....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify

(Signed) Dr. C. R. Whittenburg, M.D.
(Address) Caldwell, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth state.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **41280 S**

County of Canyon
City of Malheur
No. 312-922-Sub No St.
243-2191018-544

Registration District No. 7 State File No. _____

Primary Registration District No. 2006 Local Registrar's No. 90

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Carol Louise Bullock

3. Sex F If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth March 19, 1936
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Montell H. Bullock

18. Full maiden name MOTHER Lula Summers Bullock

10. Residence (usual place of abode) (If non-resident, give place and State) Parma, Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Parma, Idaho

11. Color or race W 12. Age at last birthday 22 (years)

20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Caldwell, Idaho

22. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work March, 1936 17. Total time (years) spent in this work _____

OCCUPATION 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 { months 9 30. Cause of stillbirth { Before labor _____ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:15 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

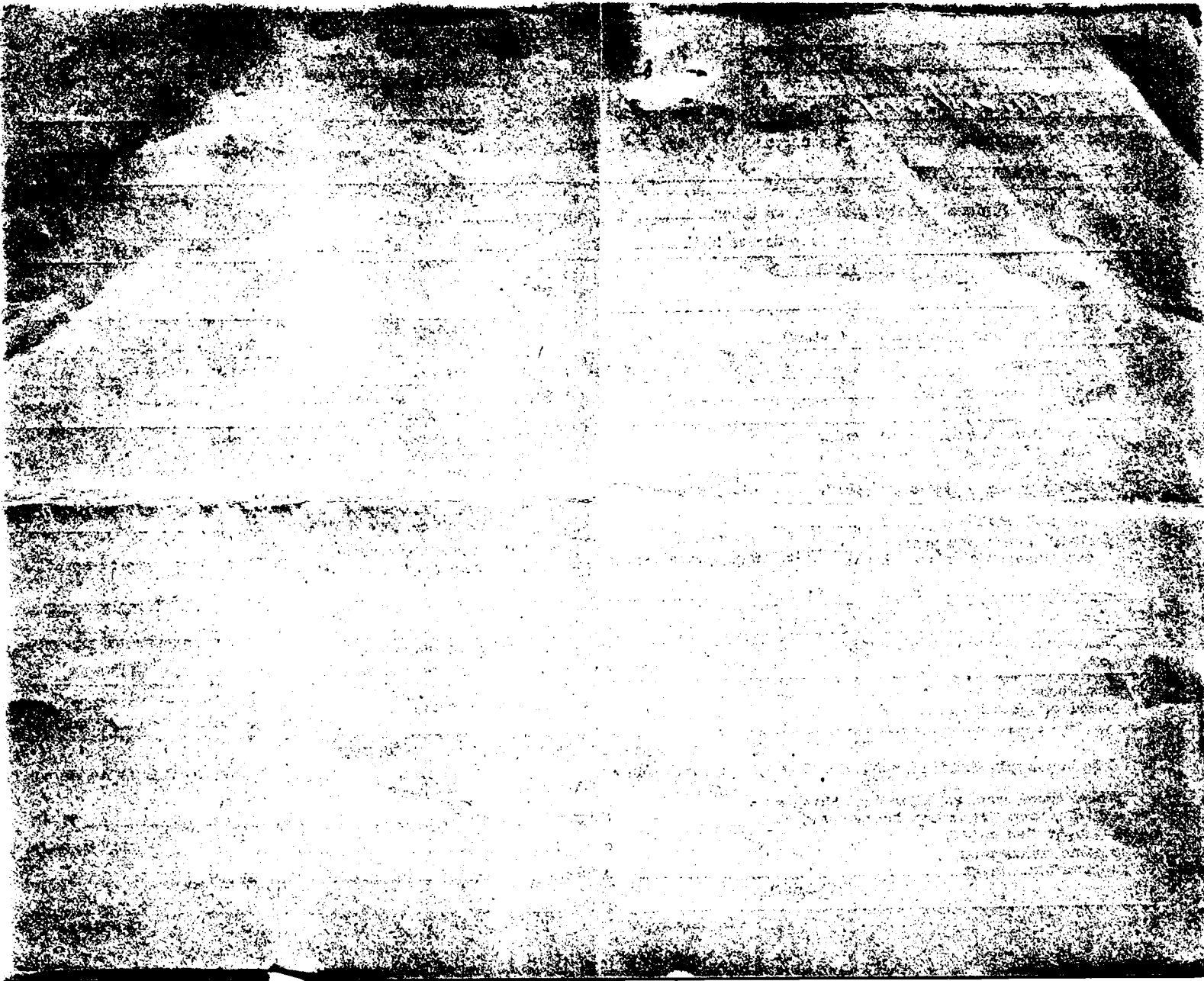
(Signed) Geo. E. Davis, M. D.

or _____, Midwife

Address Parma, Idaho

Filed April 6, 1936 Lida Rodgers Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 17 1936 RECEIVED

PLACE OF DEATH

County of CanyonCity of NampaSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 1006(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Carol Louise Bullock(a) Residence. No. 312 - 9ave No. Nampa, Id.
(Usual place of abode)Length of residence in city or town where death occurred, yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>3-19-36</u>		
7. AGE Years <u>✓</u>	Months <u>✓</u>	Days <u>✓</u>
If LESS than 1 day... hrs. or min.		
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>		
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		
10. Date deceased last worked at this occupation (mo. and yr.)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho13. NAME M. H. Bullock14. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho15. MAIDEN NAME Lula Summers16. BIRTHPLACE (city or town) Nebe
(State or country)17. INFORMANT M. H. Bullock
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Caldwell, Idaho Date 3-22-193619. UNDERTAKER F. K. O'Brien
(Address) Nampa, Idaho20. FILED April 4, 1936 Lyla Rodgers
Registrar.

DO NOT WRITE IN THIS SPACE

97977

State File No. _____

Local Registrar's No. 64

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-19-193622. I HEREBY CERTIFY, That I attended deceased from March 19, 1936, to 1936I last saw h... alive on March 19, 1936; death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to ext'nl causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury., 1936.

Where did injury occur?.....

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Geo. E. Davis M. D.(Address) Parma, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

10-33-1

1. PLACE OF BIRTH
County of Campan
City of Nampa
No. Mercy Hospital St. _____
Registration District No. _____ State File No. _____
(If born in hospital or institution give name) Prim. Registration District No. 2006 Local Registrar's No. 68

2. FULL NAME OF CHILD Clark baby deformed

3. Sex <u>?</u>	If plural births <u>?</u>	4. Twin, triplet, or other <u>?</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>1-18</u> , 193 <u>6</u> (Month, Day, Year)
-----------------	---------------------------	-------------------------------------	---------------------------------------	-------------------------	---------------------------	---

9. Full name FATHER <u>N. Clark</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, R.</u>	11. Color or race <u>W</u>	12. Age at last birthday <u>33</u> (years)	13. Birthplace (city or place) (State or Country) <u>N. C.</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	18. Full name MOTHER <u>Una Mulispaugh</u>
19. Occupation _____	20. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, R.</u>	21. Color or race <u>W</u>	22. Age at last birthday <u>35</u> (years)	23. Birthplace (city or place) (State or Country) <u>Mo Mo</u>
24. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	25. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	26. Date (month and year) last engaged in this work _____	27. Total time (years) spent in this work _____	28. Occupation _____

29. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

30. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

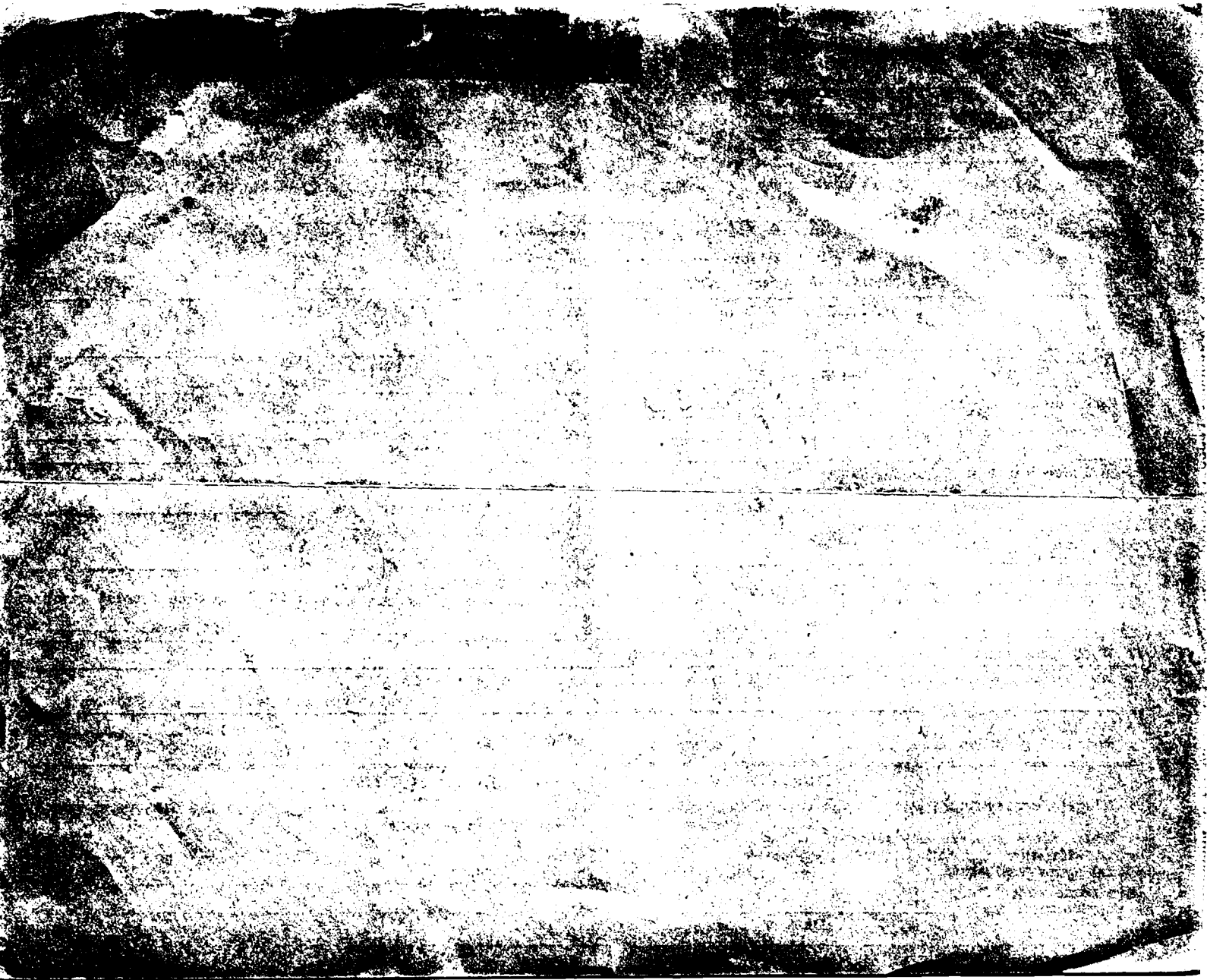
31. If stillborn, period of gestation _____ { months or weeks _____ } 32. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 12:30 p.m. on the date above stated.
(Born alive and now living) _____

When there was no attending physician or midwife, then the father, household, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Lyda Rodgers M. D.
or _____ Midwife
Address Nampa, Idaho
Filed Mar. 4, 1936 Lyda Rodgers
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

FEB 8 1936 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 96972	
County of <u>Carson</u>		Registration District No. <u>7</u>		Local Registrar's No. <u>7</u>	
City of <u>Nampa</u>		Primary Registration District No. <u>2006</u>			
(No. <u>Mercy Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Clark</u>					
(a) Residence. No. <u>Melba Idaho</u> (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Jan. 17-1936</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Nampa</u> (State or country) <u>Idaho</u>					
FATHER					
13. NAME <u>Noterman Clark</u>					
14. BIRTHPLACE (city or town) <u>no. Carolina</u> (State or country)					
MOTHER					
15. MAIDEN NAME <u>Una Millspaugh</u>					
16. BIRTHPLACE (city or town) <u>Meridian</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>Mr. N. Clark</u> (Address) <u>Melba, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Kohler lawn</u> Place <u>Nampa, Ida.</u> Date <u>1-18</u> , 1936					
19. UNDERTAKER <u>Mrs. Nina M. Toller</u> (Address) <u>Nampa, Ida.</u>					
20. FILED <u>Feb. 3</u> , 1936 <u>Lyla Rodgers</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Jan 17</u> , 1936					
22. I HEREBY CERTIFY, That I <u>certified</u> deceased from <u>Jan 17</u> , 1936, to <u>Jan 17</u> , 1936					
I last saw him <u>alive</u> on <u>Jan 17</u> , 1936; death is said to have occurred on the date stated above, at <u>—</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Still born</u>					
Other contributory causes of importance: <u>See formed</u>					
Name of operation <u>—</u> Date of <u>—</u>					
What test confirmed diagnosis? <u>—</u> Was there an autopsy? <u>—</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 1936 Where did injury occur? <u>—</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>—</u>					
Manner of injury <u>—</u>					
Nature of injury <u>—</u>					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>—</u> (Signed) <u>V. J. Rogers</u> M. D. (Address) <u>Nampa, Ida.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

663-107,015-437

1. PLACE OF BIRTH
County of Caribou
City of Soda Springs
No. Caribou Hospital St.

APR 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 297

241297

(If born in hospital or institution give name.) Prim. Registration District No. 2159 Local Registrar's No. 6

2. FULL NAME OF CHILD Merrill Dee Wesley

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth March 2, 1936 (Month, Day, Year)

9. Full name Robert M. Wesley FATHER 18. Full maiden name Jeanette McGavin MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Etta, Wyo 19. Residence (usual place of abode) (If non-resident, give place and State) Etta, Wyo

11. Color or race W 12. Age at last birthday 25 (years) 20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Etta, Wyo 22. Birthplace (city or place) (State or Country) Togus, Wash

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work March, 1936 17. Total time (years) spent in this work ? 25. Date (month and year) last engaged in this work March, 1936 26. Total time (years) spent in this work ?

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 { months or weeks _____ 30. Cause of Stillbirth unknown (Before labor yes During labor _____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:20 a. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Russell Ziegert, M. D.

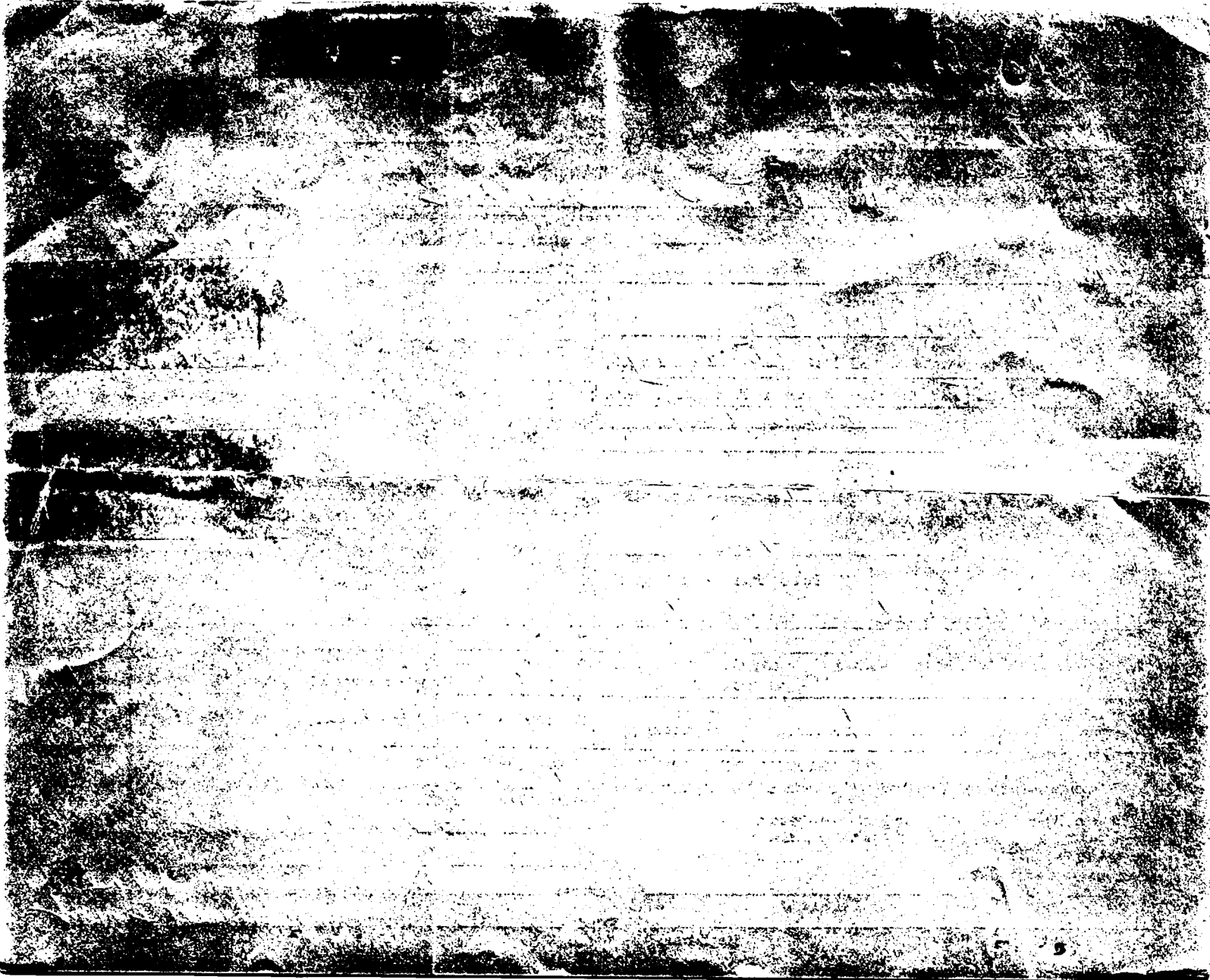
or _____, Midwife

Address Soda Springs, Ida

Filed 3-3, 1936 Russell Ziegert

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Caribou
City of Soda Springs,
Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98021

APR 9 1936

RECEIVED

Registration District No. 82Primary Registration District No. 2159Local Registrar's No. 12

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MERRIL DEE WOLFLEY(a) Residence. No. ETNA, WYO.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Still born</u>		
6. DATE OF BIRTH (month, day, and year) <u>March 3rd, 1936.</u>		
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
If LESS than 1 day or <u>0</u> hrs. or <u>0</u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>baby</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Soda Springs, Ida.
(State or country)13. NAME Robert M. Wolfley14. BIRTHPLACE (city or town) Etna, Wyo.
(State or country)15. MAIDEN NAME Jeanette McGavin16. BIRTHPLACE (city or town) Tokerville
(State or country) Utah17. INFORMANT Robert M. Wolfley
(Address) Etna, Wyo.18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Ida. Date 3/5/36, 193619. UNDERTAKER C. J. Whitman
(Address) Soda Springs, Idaho20. FILED 3/4/36 1936 Dr. Russell T. Zink
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/2/36 193622. I, HEREBY CERTIFY, That I attended deceased from 3/3/36, 1936, to 3/3/36, 1936.I last saw him alive on 3/3/36, 1936; death is said to have occurred on the date stated above, at 3:15 P.M. in. The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn at end
2 wks. premature3-2-36

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? Ex Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Russell T. Zink M. D.
(Address) Soda Springs, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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APR 3 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

18
1936
241343
S 41

1. PLACE OF BIRTH
County of Clearwater
City of Orfeno - Idaho
No. Burns Block St.

Registration District No. 90 State File No. 41
Prim. Registration District No. 2187 Local Registrar's No. 41

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Wesley Street

3. Sex male If plural births { 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ 6. Premature no Full term yes 7. Legitimate? yes 8. Date of birth 3-14-1936 (Month, Day, Year)

9. Full name Melvin Isaac Street FATHER
10. Residence (usual place of abode) Idaho
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 21 (years)
13. Birthplace (city or place) Idaho
(State or Country)

18. Full maiden name Vera Loraine Davis MOTHER
19. Residence (usual place of abode) Idaho
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 21 (years)
22. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch
16. Date (month and year) last engaged in this work now, 1936
17. Total time (years) spent in this work all life

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
25. Date (month and year) last engaged in this work ✓, 1936
26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo { months or weeks
30. Cause of stillbirth To slow delivery - Had to apply forceps after emergency Before labor ✓ During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

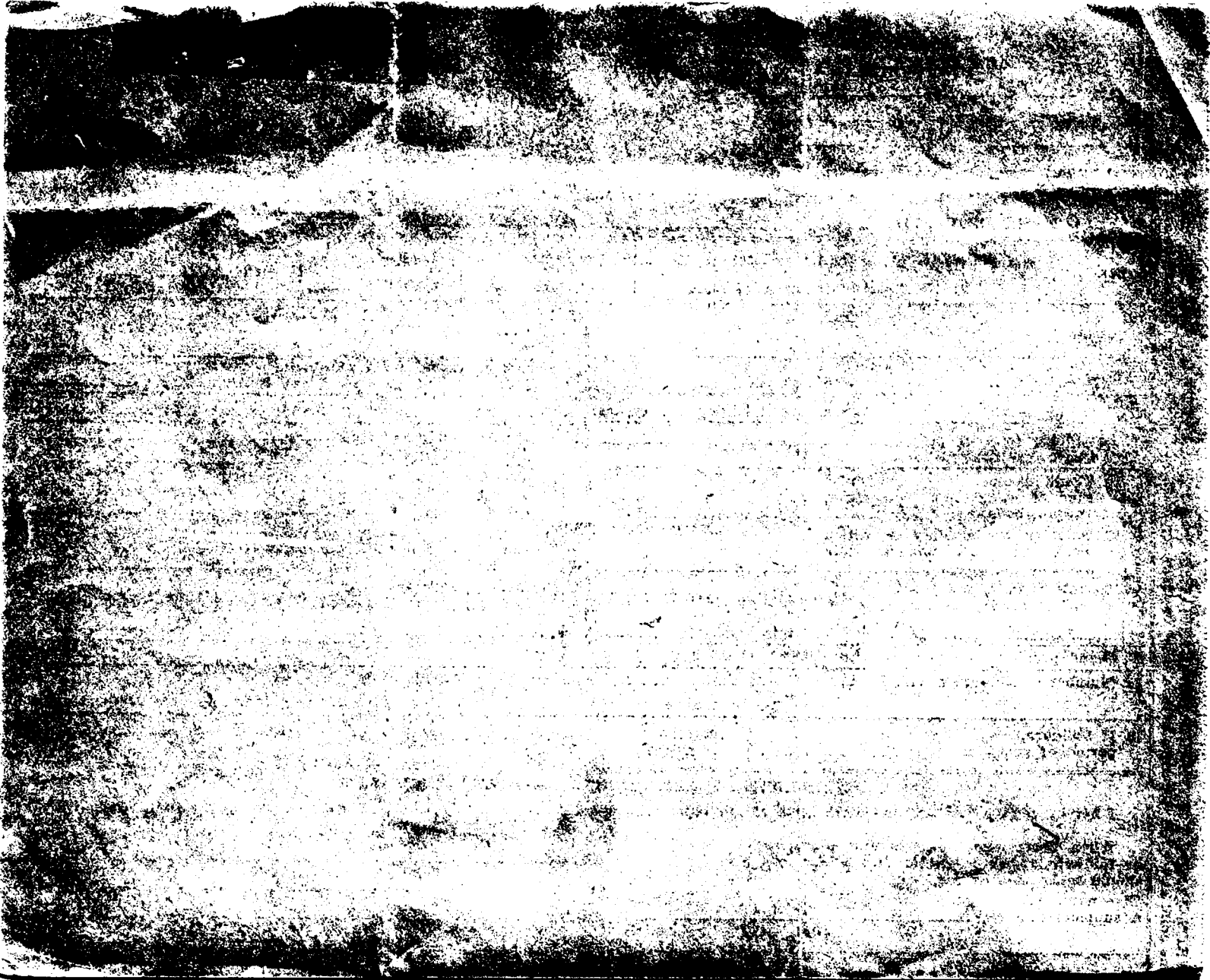
I hereby certify that I attended the birth of this child, who was still born at 2 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) W. A. Chace, M. D.
or _____ Midwife
Address Orfeno Idaho
Filed 3/31 1936 W. A. Chace
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 97873 State File No.	
PEACE OF DEATH County of <u>Clearwater</u> City of <u>Granger</u> Registration District No. <u>20</u> Local Registrar's No. <u>27</u>			
APR 3 1936 RECEIVED (If death occurred in a hospital or institution, give its name instead of street and number.) <u>Burns Hosp.</u>			
2. FULL NAME <u>Stacy West (Stillborn)</u> (a) Residence. No. <u>Granger, Idaho</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Baby</u>			
6. DATE OF BIRTH (month, day, and year) <u>3-14-36</u>			
7. AGE <u>Still born</u>	Years	Months	Days
If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>✓</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Granger Idaho</u>			
13. NAME <u>Melvin Isaac West</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>			
15. MAIDEN NAME <u>Vera Lorraine Davis</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Rubens Idaho</u>			
17. INFORMANT <u>Melvin I West</u> (Address)			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Granger Ida</u> Date <u>3/14/36</u>			
19. UNDERTAKER <u>Melvin West</u> (Address) <u>Granger Ida</u>			
20. FILED <u>3-17</u> , 1936 <u>W. A. Chan</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>3-14</u> 1936			
22. I HEREBY CERTIFY That I attended deceased from <u>Still born</u> , 1936.			
I last saw him alive on <u>Still born</u> , 1936; death is said to have occurred on the date stated above, at <u>20</u> m.			
The principal cause of death and related causes of importance were as follows:			
<u>Could not deliver after coming head dead & put on forceps - and could not resuscitate</u>			
Other contributory causes of importance: <u>Breach - presentation</u>			
Name of operation <u>✓</u> Date of <u>✓</u>			
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 1936.			
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. <u>✓</u>			
Manner of injury <u>✓</u>			
Nature of injury <u>✓</u>			
24. Was disease or injury in any way related to occupation of deceased? <u>✓</u>			
If so, specify <u>✓</u>			
(Signed) <u>J. H. Peterson</u> , M. D.			
(Address) <u>Granger Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1929

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		241390	
County of <u>Franklin</u>		DEPARTMENT OF PUBLIC WELFARE			
City of <u>Mink Creek</u>		BUREAU OF VITAL STATISTICS			
No. <u>251-109102-157</u>		CERTIFICATE OF BIRTH			
(If born in hospital or institution give name.)		Registration District No. <u>27</u>		State File No. <u>49</u>	
2. FULL NAME OF CHILD <u>Stillborn Baby Seamons</u>		Prim. Registration District No. <u>2119</u>		Local Registrar's No. <u>49</u>	
3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Mar 9</u> (Month, Day, Year)
9. Full name <u>Melvin H. Seamons</u>	FATHER		18. Full maiden name <u>Leora Jessen</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Mink Creek</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Mink Creek</u>		20. Color or race <u>white</u>		
11. Color or race <u>white</u>	12. Age at last birthday <u>35</u> (years)		21. Age at last birthday <u>30</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Cleveland, Ida</u>	22. Birthplace (city or place) (State or Country) <u>Mink Creek</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____		
19. _____	_____		26. Total time (years) spent in this work _____		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother (At time of this birth and including this child)					
(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>5</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>4 1/2 months</u>		30. Cause of stillbirth _____		Before labor _____	
_____		_____		During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:30 A. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) D. R. Cutler, M. D.

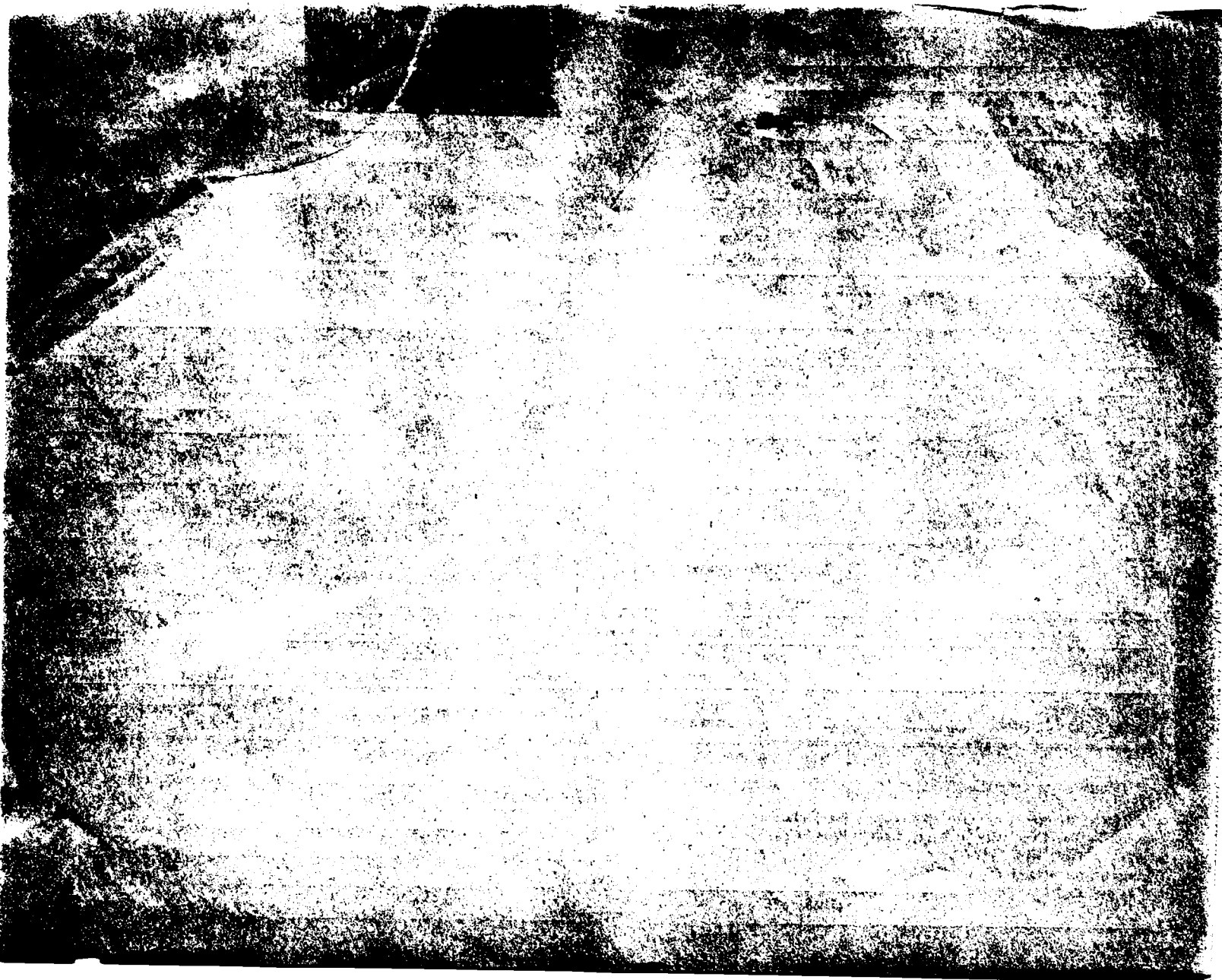
or _____, Midwife

Address Preston, Idaho

Filed April 8, 1936 G. W. States

Registrar.

Registrar.



APR 9 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

98034

County of *Franklin*City of *Mink Creek*

CERTIFICATE OF DEATH

State File No.

Registration District No. *27*Primary Registration District No. *2119*Local Registrar's No. *27*(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME *Stillborn Baby Seamons*(a) Residence, No. *Mink Creek, Idaho*
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed or Divorced (write the word) *Child*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) *March 9, 1936*

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as *spinner, sawyer, bookkeeper, etc.*9. Industry or business in which work was done, as *silk mill, saw mill, bank, etc.*

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Mink Creek*13. NAME *Melvin H. Seamons*14. BIRTHPLACE (city or town) (State or country) *Cleveland, Ida*15. MAIDEN NAME *Leora Jepsen*16. BIRTHPLACE (city or town) (State or country) *Mink Creek*

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL
Place *Mink Creek, Ida* Date *3/9/1936*

19. UNDERTAKER (Address)

20. FILED *Apr. 8, 1936* *G. W. States*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *3/9* 193*6*22. I HEREBY CERTIFY, That I attended deceased from *3-9*, 193*6*, to *3-9*, 193*6*

I last saw him alive on, 193...; death is said to have occurred on the date stated above, atm.

The principal cause of death and related causes of importance were as follows:

*Prematurity
6 months gestation*

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? *P* Was there an autopsy?..23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193..Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... If so specify

(Signed) *O. B. Cutler* M.D.
(Address) *Preston, Idaho*

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

11-111-224-753
1 PLACE OF BIRTH
County of Gooding
City of Gooding
No. Gooding Co Hospital St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 241427

Registration District No. 24 State File No. _____
Local Registrar's No. 473

2. FULL NAME OF CHILD Adams

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature ☒ 7. Legitimate? yes 8. Date of birth 2-11- 1936
(Month, Day, Year)

9. Full name FATHER Deaton O Adams
10. Residence (usual place of abode) Gooding
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 22 (years)
13. Birthplace (city or place) Burwell Neb
(State or Country)

18. Full maiden name MOTHER Ester Peterson
19. Residence (usual place of abode) Gooding
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Cushing Neb
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. happen
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn ☒
29. If stillborn, period of gestation 8th { months or weeks
30. Cause of stillbirth { Before labor _____ During labor _____

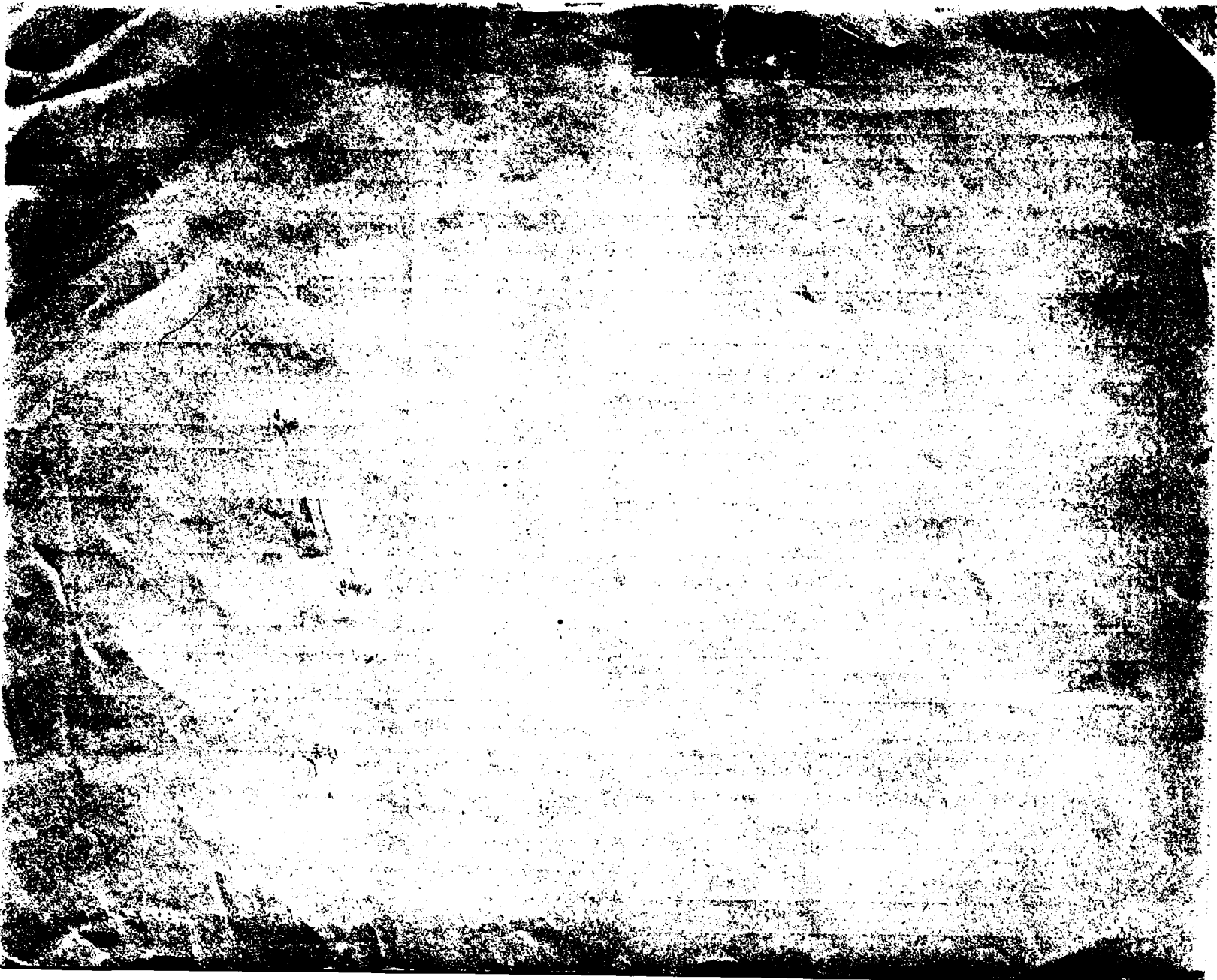
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:15 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Leser, M. D.
or _____, Midwife
Address _____
Filed 2-29- 1936 JH Crumwey
Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. County <u>Gooding</u> City of <u>Gooding</u> No. <u>Gooding</u> (If born in hospital or institution give name.)		2. FULL NAME OF CHILD <u>Law</u>		3. Sex <u>male</u> If plural births { 4. Twin, triplet, or other 5. Number, in order of birth		6. Premature <u>Full term</u>		7. Legiti- mate? <u>yes</u>		8. Date of birth <u>3-5-1936</u> (Month, Day, Year)	
9. Full name <u>Clarence Dale Law</u>		10. Residence (usual place of abode) (If non-resident, give place and State) <u>Gooding</u>		11. Color or race <u>W</u> 12. Age at last birthday <u>3.5</u> (years)		13. Birthplace (city or place) (State or Country)		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		18. Full maiden name <u>Ella Christine Ohlinger</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Gooding</u>		20. Color or race <u>W</u> 21. Age at last birthday <u>3.5</u> (years)		22. Birthplace (city or place) (State or Country) <u>Lawrence, Kansas</u>	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H. wife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work		27. What prophylactic was used to prevent Ophthalmia Neonatorum?		28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead (c) Stillborn <u>1</u>	
29. If stillborn, period of gestation <u>Full term</u> { months or weeks		30. Cause of stillbirth <u>unknown</u> { Before labor During labor		CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE		I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>3:30</u> m. on the date above stated. (Born Alive or Stillborn)		(Signed) <u>John O. Cronwell</u> M. D.		or _____, Midwife	
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		Give name added from a supplemental report		(Date of)		Address <u>Gooding, Idaho</u>		Filed <u>3-21-1936</u>		1936 <u>J. H. Cronwell</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Gooding</u>		CERTIFICATE OF DEATH		State File No. <u>98055</u>	
City of <u>Gooding</u>		Registration District No. <u>24</u>		Local Registrar's No. <u>662</u>	
Primary Registration District No. <u>24</u>		No. <u>Hospital</u>			
11 1936 RECEIVED		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Stillborn - male</u>					
(a) Residence. No. <u>St.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>S-</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>-</u>					
6. DATE OF BIRTH (month, day, and year) <u>3-5-36</u>					
7. AGE	Years <u>1</u>	Months	Days	If LESS than 1 day, hrs. or min.	
<u>Stillborn</u>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Gooding & Co</u>					
FATHER					
13. NAME <u>Clarence D Low</u>					
14. BIRTHPLACE (city or town) (State or country)					
MOTHER					
15. MAIDEN NAME <u>Elova C Oluega</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>					
17. INFORMANT <u>Clarence Low</u> (Address) <u>Gooding</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Gooding</u> Date <u>3-6-1936</u>					
19. UNDERTAKER <u>None</u> (Address)					
20. FILED <u>3-31-1936</u> <u>JH Ammer</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>3-5-1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>✓</u> , 193 <u>6</u> , to <u>✓</u> , 193 <u>6</u> .					
I last saw h. <u>alive on</u> <u>✓</u> , 193 <u>6</u> ; death is said to have occurred on the date stated above, at <u>✓</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still born</u>					
<u>Full term</u>					
<u>Cause unknown</u>					
Other contributory causes of importance:					
Name of operation. Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 193 <u>6</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>J O Bernice</u> , M. D.					
(Address) <u>Gooding</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

3528 553:204033-334

1. PLACE OF BIRTH **APR 13 1936 RECEIVED** STATE OF IDAHO **211603**
County of Madison DEPARTMENT OF PUBLIC WELFARE
City of Peshburg BUREAU OF VITAL STATISTICS
No. _____ St. **CERTIFICATE OF BIRTH** **S**

Registration District No. 100 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2178 Local Registrar's No. 39

2. FULL NAME OF CHILD Steeleborn Nelson

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Apr 4</u> , 19 <u>36</u> (Month, Day, Year)
-------------------------	--	---	--------------------------------	---

9. Full name <u>Magdalen Harry Nelson</u>	FATHER	18. Full maiden name <u>Lucina K. Cluff</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Peshburg</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Peshburg</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>32</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>32</u> (years)
13. Birthplace (city or place). (State or Country) <u>Idaho</u>		22. Birthplace (city or place). (State or Country) <u>Idaho</u>	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work <u>4-4</u> , 19 <u>36</u>	17. Total time (years) spent in this work <u>life</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo's { months or weeks

30. Cause of stillbirth enlarged Before labor.
status suffocated During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at 2:09 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) John T. Rich, M. D.
or _____
Address Peshburg Idaho
Filed 4-6-, 1936 Mrs. H. Young
Registrar. Registrar.



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 13 1936

RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

98073

County of Madison

City of Rexburg

CERTIFICATE OF DEATH

Registration District No. 100

Primary Registration District No. 2178

State File No. 100-158612-2

Local Registrar's No. 21

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Steebom Nelson

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-4-36

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steebom

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Rexburg, Ida.
(State or country)

13. NAME Maynard Harry Nelson

14. BIRTHPLACE (city or town) Rexburg, Idaho
(State or country)

15. MAIDEN NAME Lusina Cliff

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Maynard Harry Nelson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Idaho Date 4-5, 1936

19. UNDERTAKER none
(Address)

20. FILED 4-6, 1936 ms H. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-4-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-4-1936 to 4-4-1936

I last saw him alive on Steebom, 1936; death is said

to have occurred on the date stated above, at Idaho m.

The principal cause of death and related causes of importance were as follows:

Steebom
Suffocation
during birth

Other contributory causes of importance:
Large foetus
1/2 hour for birth
after version

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Thomas J. Rich M. D.

(Address) Rexburg Idaho

4/4/36

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3329497-104 033 256

APR 13 1936 RECEIVED

S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

241604

1. PLACE OF BIRTH
County of Madison
City of Reeburg
No. 20 - E-Main St.

Registration District No. 100 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 3178 Local Registrar's No. 40

2. FULL NAME OF CHILD Shelton Dixon

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature ☒ Full term _____
7. Legitimate? Yes
8. Date of birth 4 4 1936 (Month, Day, Year)

9. Full name FATHER Horace J. Dixon
10. Residence (usual place of abode) Warner River Idaho
(If non-resident, give place and State)
11. Color of hair White 12. Age at last birthday 26 (years)
13. Birthplace (city or place) Waller Texas
(State or Country)

18. Full maiden name MOTHER Ethel Lucile Keffner
19. Residence (usual place of abode) Warner River Idaho
(If non-resident, give place and State)
20. Color of hair White 21. Age at last birthday 17 (years)
22. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Labour
16. Date (month and year) last engaged in this work 4-4-1936
17. Total time (years) spent in this work 6 mos

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work 4-4-1936
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 1 1/2 mos { months or weeks }
30. Cause of stillbirth measles { Before labor before During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

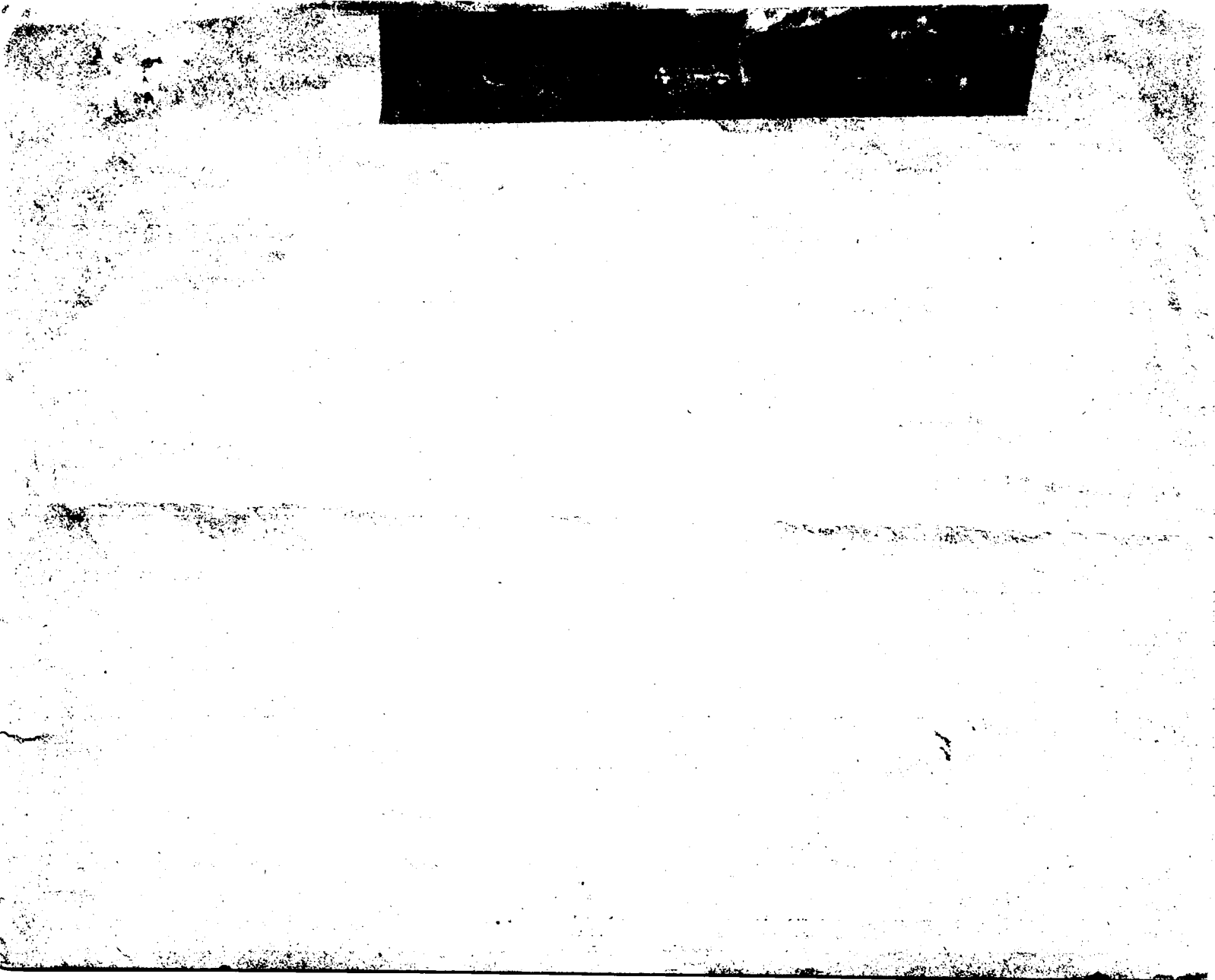
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) Lorin J. Rich, M. D.
or _____
Address Reeburg Idaho
Filed 4-6, 1936 ms Keffner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 1 1936 RECEIVED PLACE OF DEATH County <u>Madison</u> City of <u>Keosauqua</u>		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. <u>100</u> Primary Registration District No. <u>2128</u>		DO NOT WRITE IN THIS SPACE <u>98072</u> State File No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>22</u>		<u>706</u>	
2. FULL NAME <u>Steel born Wilson</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>4-4-36</u>					
7. AGE Years Months Days If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Keosauqua, Iowa</u>					
13. NAME <u>Harace T. Wilson</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Keosauqua, Iowa</u>					
15. MAIDEN NAME <u>Ethel Lucile Keffner</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Keosauqua, Iowa</u>					
17. INFORMANT (Address) <u>Mrs. Rachel Keffner, Keosauqua, Iowa</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Keosauqua Cemetery</u> Date _____, 193 <u>6</u>					
19. UNDERTAKER (Address) <u>None</u>					
20. FILED <u>4-6</u> , 193 <u>6</u> <u>W. H. Young</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>4-4-1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>4-4-1936</u> to <u>4-4-1936</u> , 193 <u>6</u>					
I last saw him/her on <u>Steel born</u> , 193 <u>6</u> ; death is said to have occurred on the date stated above, at _____ M.					
The principal cause of death and related causes of importance were as follows:					
<u>Macerated foetus</u> <u>Carried dead in mother for 1 month</u> Other contributory causes of importance: <u>Lesion of Umbilical Cord</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>6</u> Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify _____ (Signed) <u>R. A. Rich</u> M. D. <u>Keosauqua, Iowa</u> (Address)					

UNITED STATES STANDARD CERTIFICATE OF DEATH

NOV - 4-1992

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

313-124036893

1. PLACE OF BIRTH
County of Oneida
City of Maad, Idaho
No. _____ St. _____
Community Hosp.
(If born in hospital or institution give name.)

APR 9 1936 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
241712 S

Registration District No. 26 State File No. _____
Prim. Registration District No. 2069 Local Registrar's No. 33

2. FULL NAME OF CHILD

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Mar 24 1936</u> (Month, Day, Year)
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9. Full name FATHER
William Caltas
10. Residence (usual place of abode)
(If non-resident, give place and State) Maad, Idaho
11. Color or race W 12. Age at last birthday 39 (years)
13. Birthplace (city or place) Maad, Idaho
(State or Country)

18. Full maiden name MOTHER
Victoria Williams
19. Residence (usual place of abode)
(If non-resident, give place and State) Maad, Idaho
20. Color or race W 21. Age at last birthday 35 (years)
22. Birthplace (city or place) Maad, Idaho
(State or Country)

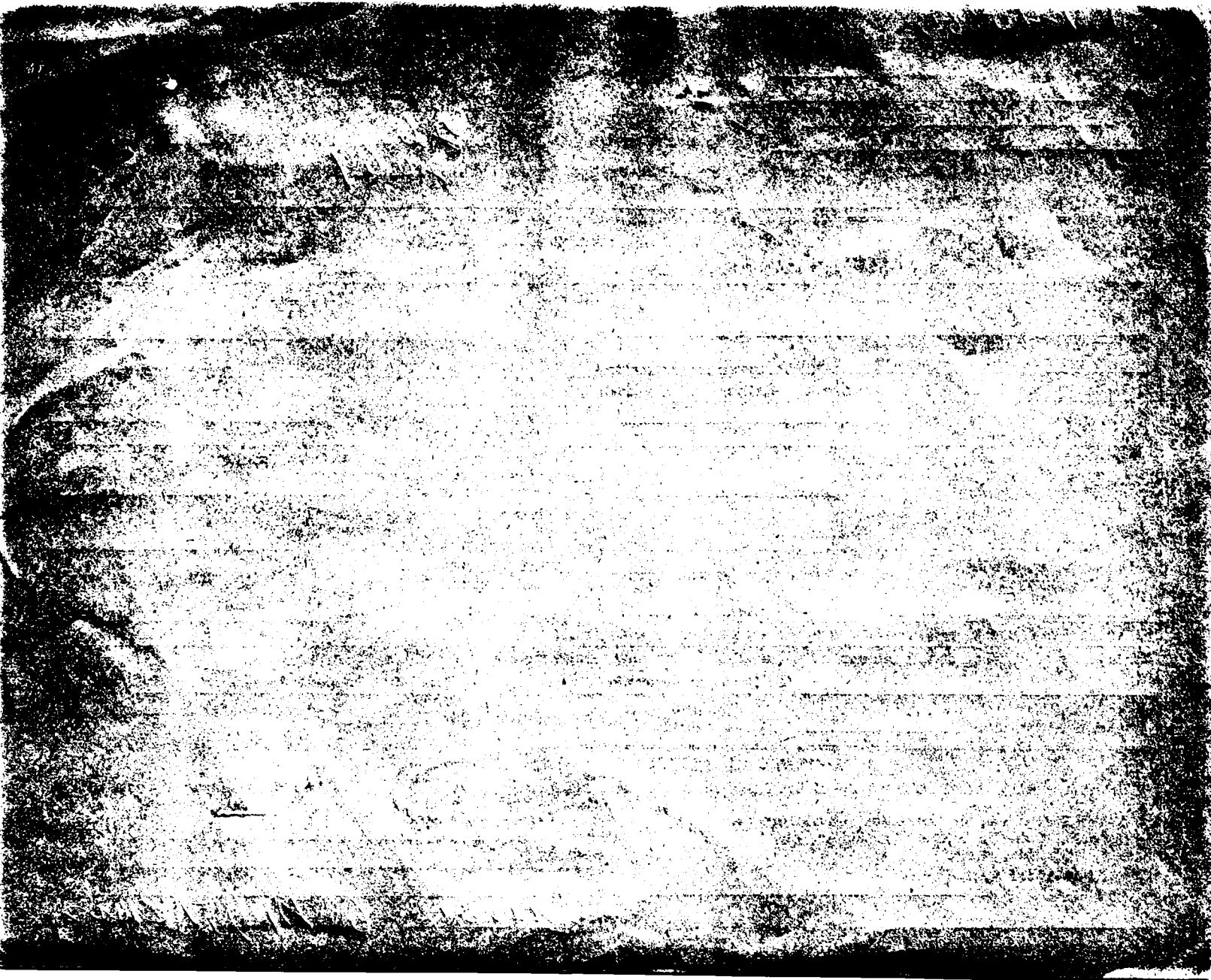
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:20 P.M. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
(Signed) V. J. Gant, M. D.
or _____, Midwife
Address Maad, Idaho
Filed Mar 31 1936 M. J. Jensen Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

98103

State File No.

PLACE OF DEATH
County Oreney
City of Malad

Registration District No. 26Primary Registration District No. 2069Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn

(a) Residence. No.

(Usual place of abode)

St. Malad Ida

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 24/36

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Malad
(State or country)

13. NAME Wm. Bolton

14. BIRTHPLACE (city or town) Malad, Ida
(State or country)

15. MAIDEN NAME Victoria Williams

16. BIRTHPLACE (city or town) Malad, Ida
(State or country)

17. INFORMANT Wm. Bolton
(Address) Malad

18. BURIAL, CREMATION OR REMOVAL
Place Malad, Ida Date 3-24-1936

19. UNDERTAKER Wm. Bolton (father)
(Address) Malad

20. FILED Mar 31, 1936 MJ. Kerner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936, to March 24, 1936

I last saw him alive on March 24, 1936; death is said to have occurred on the date stated above, at Malad, Ida m. The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury March 24, 1936

Where did injury occur? Malad, Ida
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury StillbornNature of injury Stillborn

24. Was disease or injury in any way related to occupation of deceased? no If so specify _____

(Signed) W. B. Grant M. D.

(Address) Malad, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

365-207 036-415

1. PLACE OF BIRTH
County of Oneida
City of Malad
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
CERTIFICATE OF BIRTH 241727
Registration District No. 26 State File No. _____
Prim. Registration District No. 2069 Local Registrar's No. 17

2. FULL NAME OF CHILD

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb 7, 1936</u> (Month, Day, Year)
9. Full name <u>James C. Touey</u>	FATHER		18. Full maiden name <u>Isabelle Davis</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Malad</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Malad</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>47</u> (years)		20. Color or race <u>W</u>
13. Birthplace (city or place) (State or Country) <u>Malad</u>		21. Age at last birthday <u>44</u> (years)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Insurance Salesman</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____		

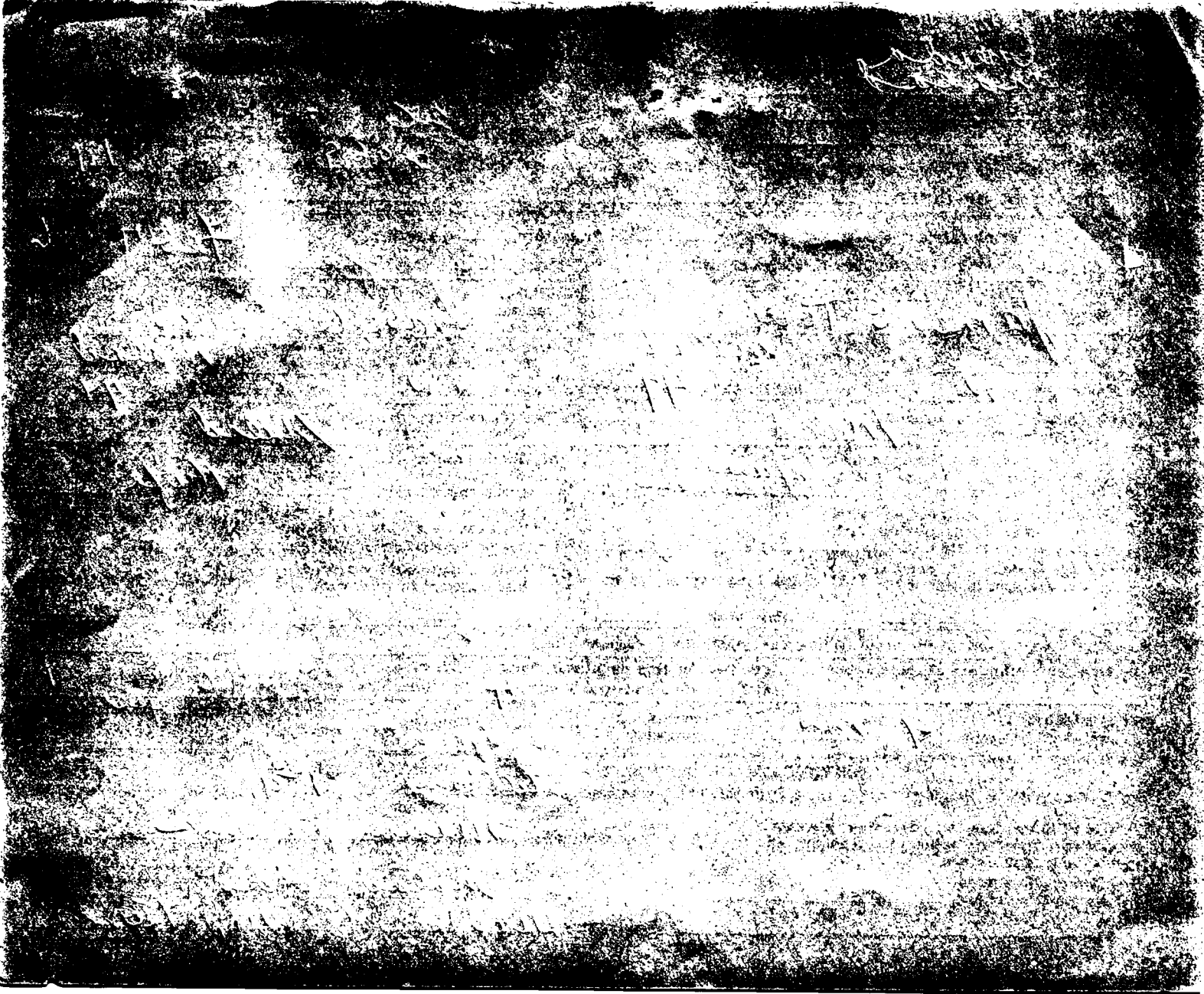
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo { months or weeks } 30. Cause of Stillbirth Stillborn { During labor yes Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 1:30 p.m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Marion J. Kerns, M. D.
or _____, Midwife
Address Malad, Ida
Filed Mar 15, 1936 M. J. Kerns
Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



information should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAR 19 1936

RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
97963
State File No.

County of Oneida
City of Malad

CERTIFICATE OF DEATH

Registration District No. 26
Primary Registration District No. 2069 Local Registrar's No. 2
(No. 2069)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ann Tovey (Stillborn)

(a) Residence. No. Malad Idaho St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)
Length of residence in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Baby
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Feb 7 1936
7. AGE Years Months Days If LESS than 1 day... hrs. or ... min. 0 0 0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad (State or country) Idaho

13. NAME James Chivers Tovey
14. BIRTHPLACE (city or town) Malad (State or country) Idaho

15. MAIDEN NAME Isabelle Davis Tovey
16. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

17. INFORMANT (Address) J. Tovey Malad Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Malad Idaho Date Feb 7, 1936

19. UNDERTAKER (Address) J. Tovey Malad Idaho

20. FILED Mar 15, 1936 Registrar M. J. Tovey

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 7 1936 1936

22. I HEREBY CERTIFY That I attended deceased from Stillborn 1936 to 1936

I last saw him alive on 1936; death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

Stillborn -
Probably intra uterine
asphyxia from long
sustained uterine contraction
during labor.
Other contributory causes of importance: Dry labor.

Name of operation Date of

What test confirmed diagnosis Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1936

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Naum J. Kerns M. D.
(Address) Malad Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

469-121-240946

PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. _____ St. _____

APR 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

241751

(If born in hospital or institution give name.)
Wardner Hospital

Registration District No. 123 State File No. _____
Prim. Registration District No. 220 Local Registrar's No. 18

2. FULL NAME OF CHILD

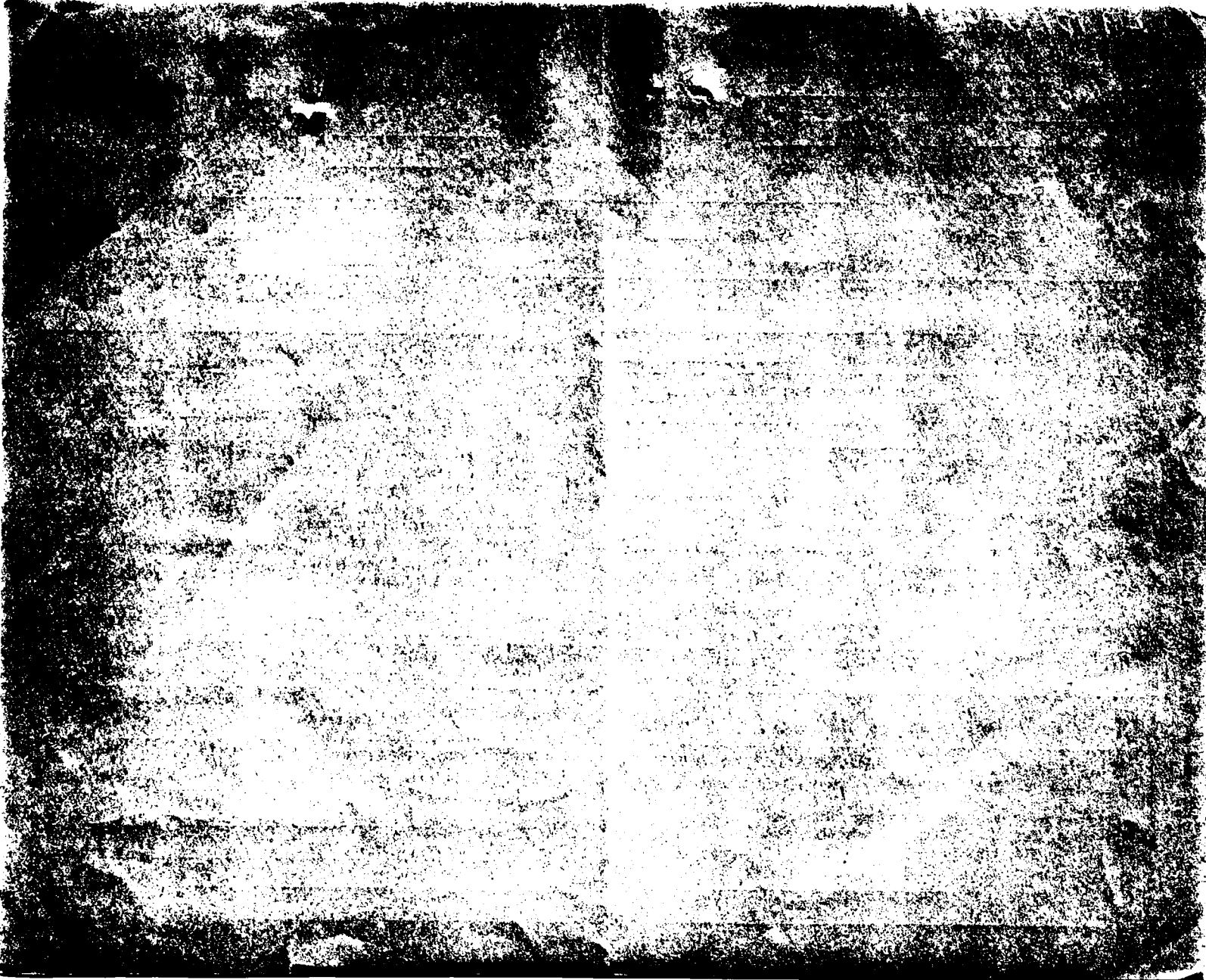
3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature ✓ Full term _____
7. Legitimate? Yes mate? _____
8. Date of birth March 21, 1936 (Month, Day, Year)

FATHER		MOTHER	
9. Full name <u>Morris, John</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg</u>	18. Full maiden name <u>Ruffatto, Mary Elizabeth</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg</u>
11. Color or race <u>W</u>	12. Age at last birthday <u>34</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>21</u> (years)
13. Birthplace (city or place) (State or Country) <u>Greece</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	22. Birthplace (city or place) (State or Country) <u>Saginaw, Mich.</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>laborer</u>	16. Date (month and year) last engaged in this work _____, 19____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>	25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation about 4 mos. { months or weeks }
30. Cause of Stillbirth unknown Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:00 p. m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Harold T. Anderson M. D.
or _____, Midwife
Address _____
Filed 4-10, 1936 Pro. Helen M. Zaid Registrar.
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

386 130 042-235

APR 13 1936

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

241793

S

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. Gen. Co. Hoop. St.

(If born in hospital or institution give name.)
2. FULL NAME OF CHILD John Wilford Thompson Jr.

Registration District No. 37 State File No. 143
Prim. Registration District No. 2085 Local Registrar No. 143

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 2 6. Premature _____ 7. Legitimate? yes 8. Date of birth Mar 30 1936 (Month, Day, Year)

9. Full name of FATHER John Wilford Thompson
10. Residence (usual place of abode) (If non-resident, give place and State) Premeda
11. Color or race white 12. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Pleasant green Utah

18. Full maiden name of MOTHER Mary Beth Black
19. Residence (usual place of abode) (If non-resident, give place and State) Premeda
20. Color or race white 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Chesterfield Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hardware
16. Date (month and year) last engaged in this work March 1936
17. Total time (years) spent in this work 1 yr.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Music Teacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Feb 1st 1936
26. Total time (years) spent in this work 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead 1 (c) Stillborn 1
29. If stillborn, period of gestation _____ months or weeks
30. Cause of stillbirth ? { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 3:00 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

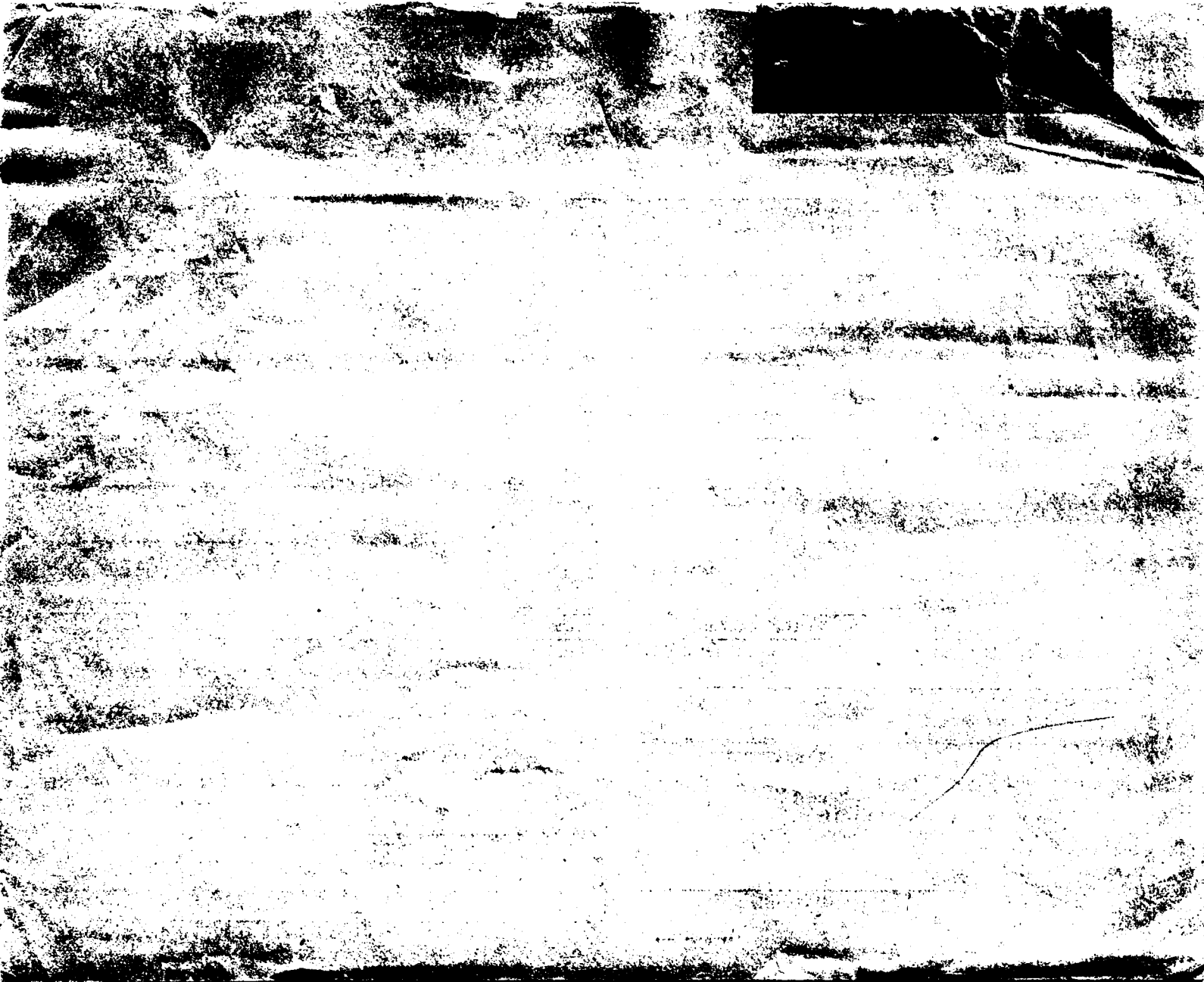
(Signed) Dr. E. J. Reed M. D.

or _____, Midwife

Address Idaho

Filed 4-7, 1936 John Thompson Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin FallsCity of Twin Falls, Ida

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
98145
State File No.

Registration District No. 37County Registration District No. 2085Local Registrar's No. 87

APR 13 1936 RECEIVED

(No. Twin Falls General Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME John Wilford Thompson Jr(a) Residence. No. St. Jerome Ida
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 1936-3/30/3 Pm.

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillborn

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Twin Falls Ida.
(State or country)13. NAME John Wilford Thompson14. BIRTHPLACE (city or town) Shelburne Green
(State or country) Utah15. MAIDEN NAME Mary Bleak16. BIRTHPLACE (city or town) Salt Lake
(State or country) Utah17. INFORMANT J. Wilford Thompson
(Address) Jerome Idaho18. BURIAL, CREMATION OR REMOVAL
Place Jerome Cemetery Date 3/31/193619. UNDERTAKER S. Hermon
(Address) Jerome Idaho20. FILED 4/3, 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/30/193622. I HEREBY CERTIFY, That I attended deceased from March 30 1936 to March 30 1936I last saw h.i.m. alive on Stillborn; death is saidto have occurred on the date stated above, at Stillborn m.

The principal cause of death and related causes of importance were as follows:

Operative Delivery Date of onset March 30/36Stillborn

Other contributory causes of importance:

Name of operation High forceps Date of operation 3/30/36What test confirmed diagnosis? Physician's findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Dr. Allwood M. D.(Address) Jerome, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

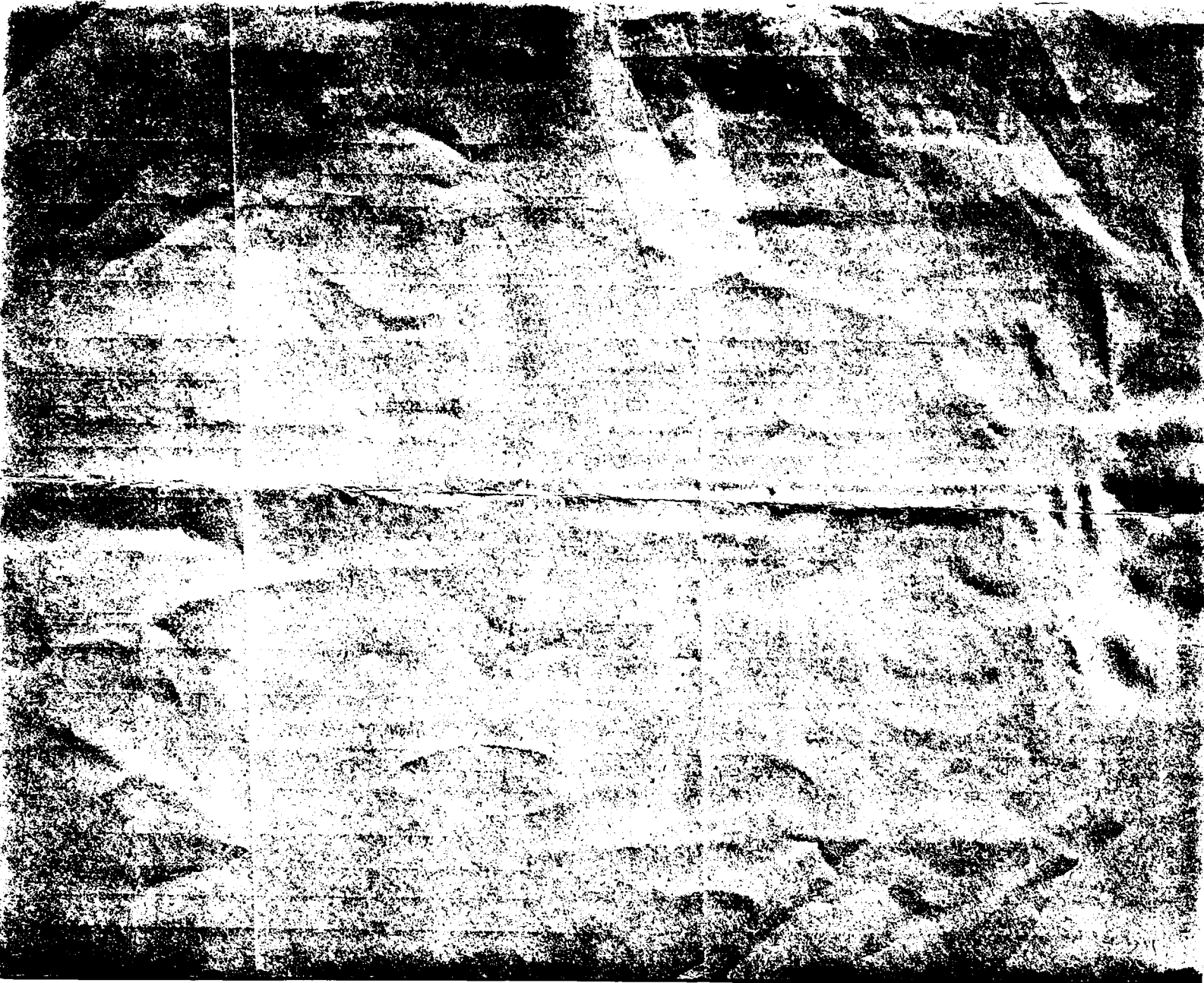
The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Twin Falls</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Twin Falls</u>		BUREAU OF VITAL STATISTICS	
No. <u>190 Alexander St</u>		CERTIFICATE OF BIRTH	
St. <u>Twin Falls</u>		Registration District No. <u>37</u> State File No. <u>241799</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1085</u> Local Registrar's No. <u>123</u>	
2. FULL NAME OF CHILD <u>John T. Morris</u>			
3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth
6. Premature <u>X</u>	7. Legitimate	8. Date of birth <u>Mar 12 1926</u>	(Month, Day, Year)
9. Full name <u>John T. Morris</u>		10. Full maiden name <u>Thelma McCune</u>	
11. Residence (usual place of abode) <u>190 Alexander St</u>		12. Residence (usual place of abode) <u>190 Alexander St</u>	
13. Color or race <u>wh</u>		14. Age at last birthday <u>28</u> (years)	
15. Birthplace (city or place) <u>Greenwood Co. Kansas</u>		16. Birthplace (city or place) <u>Greenwood Co. Kansas</u>	
17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>laborer</u>	
19. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
21. Date (month and year) last engaged in this work		22. Date (month and year) last engaged in this work	
23. Total time (years) spent in this work		24. Total time (years) spent in this work	
25. What prophylactic was used to prevent Ophthalmia Neonatorum?			
26. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
27. If stillborn, period of gestation <u>8 mos</u> { months or weeks			
28. Cause of Stillbirth <u>known</u> { Before labor <u>X</u> During labor			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>Twin Falls</u> m. on the date above stated.			
(Born Alive or Stillborn)			
(Signed) <u>Vald B. Fruendling</u> , M. D.			
or <u>Twin Falls</u> Midwife			
Address <u>228 Main Ave. S. T. F.</u>			
Filed <u>3-31-26</u> , 1926			
Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 9814Registration District No. 37Primary Registration District No. 1095Local Registrar's No. 62

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Clara Mae Morris(a) Residence. No. 190 Alexander St.St. Twin Falls, Ida.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
March 12, 1936

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

13. NAME J.T. Morris

14. BIRTHPLACE (city or town) Greenwood Co.,
(State or country) Kansas

15. MAIDEN NAME Phelma McCune

16. BIRTHPLACE (city or town) Glen Elder,
(State or country) Kansas

17. INFORMANT J.T. Morris
(Address) Twin Falls, Idaho

18. BURIAL, ~~#####~~
Place Twin Falls Cem. Date 3/12/, 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 3-13-, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from
March 12,, 1936, to March 12,, 1936

I last saw her on March 12, 1936: death is said

to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Intra uterine death before labor - Child was born

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Valde B. Fendling D.
(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE Return must be made for each, and the number of each, in order of birth stated.

466-107042-266
1. PLACE OF BIRTH
County of Twin Falls **APR 4 1936 RECEIVED**
City of Buhl
No. _____ St. _____
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 241845
Registration District No. 39 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2087 Local Registrar's No. _____
2. FULL NAME OF CHILD Baby Moore
3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
5. Number, in order of birth _____ Full term yes mate? yes 8. Date of birth Mar 7, 1936
(MONTH, DAY, YEAR)
9. Full name Loram Moore FATHER 18. Full maiden name Rhoda Bowman MOTHER
10. Residence (usual place of abode) Buhl, Ida 19. Residence (usual place of abode) Buhl, Ida
(If non-resident, give place and State) 20. Color or race W 21. Age at last birthday 27 (years)
11. Color or race W 12. Age at last birthday 35 (years)
22. Birthplace (city or place) Mo (State or country) 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 25. Date (month and year) last engaged in this work _____
16. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
17. Total time (years) spent in this work _____
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1
28. If stillborn, period of gestation 9 months or weeks { 29. Cause of stillbirth Due to asphyxia pressure on umbilical cord Before labor _____ During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 a. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. Parkinson, M. D.

Give name added from a supplemental report _____

or _____ Midwife
Address Buhl Idaho

Filed Mar 31, 1936 J. Parkinson

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of

City of

Twin Falls

Buhl

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No.

Municipal Registration District No.

DO NOT WRITE IN THIS SPACE

97968

State File No.

Local Registrar's No.

APR 4 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed or Divorced (write the word)

single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Mar. 7, 1936

7. AGE

Years

Months

Days

If LESS than

1 day hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER/FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Buhl Ida Date Mar 8, 1936

19. UNDERTAKER (Address)

20. FILED

Mar 31 1936

H. L. Parkinson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1936, 1936

I last saw h. alive on, 1936: death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Asphyxia due to Pressure on cord during labor

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? no If so specify

(Signed) H. L. Parkinson M. D.

(Address) Buhl, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

855 101 043 254
1. Valley PLACE OF BIRTH
County of Blainey
City of _____
No. _____ St.

Registration District No. 15 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 21

2. FULL NAME OF CHILD James Douglas Jensen

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth March 1, 1936 (Month, Day, Year)

9. Full name FATHER Douglas Carter Jensen 18. Full maiden name MOTHER Beatrice Lucile Kemble

10. Residence (usual place of abode) (If non-resident, give place and State) Blainey, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Blainey, Idaho

11. Color or race W 12. Age at last birthday 26 (years) 20. Color or race W 21. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Boise Idaho 22. Birthplace (city or place) (State or Country) Boise Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Jan 15, 1936 17. Total time (years) spent in this work 3 25. Date (month and year) last engaged in this work 3-1, 1936 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ninth month months or weeks 30. Cause of stillbirth diff. at birth to head Before labor _____ During labor during labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:15 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) Barbara E. Dard M. D.

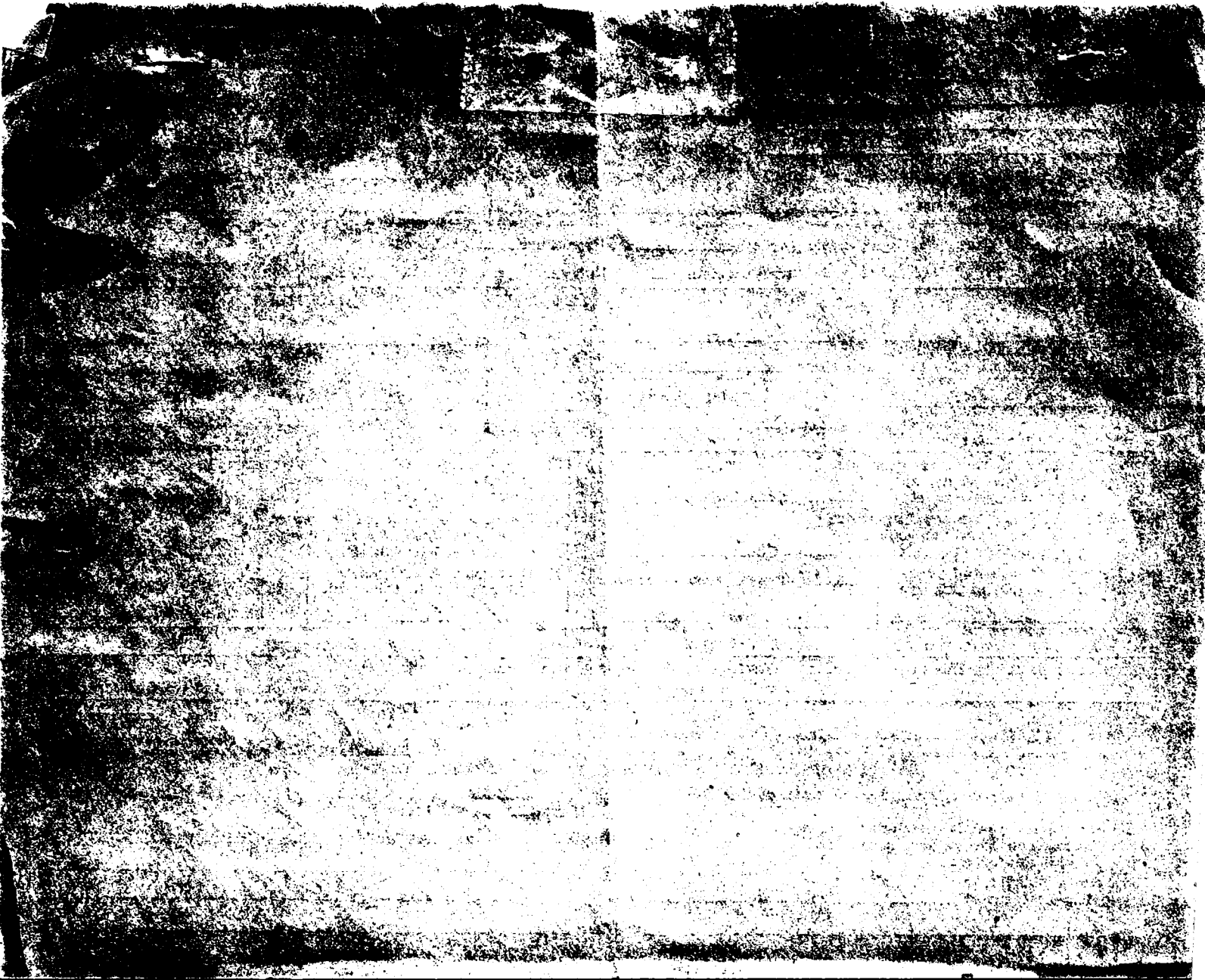
or _____ Midwife

Address Barcade, Idaho

Filed Mar 1, 1936 Montana J. Ready Registrar.

Registrar.

Myrtle M. Gardner



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH *Idaho* IDAHO
 County of *Blaine* DEPARTMENT OF PUBLIC WELFARE
 City of *Donnelly* BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
 Registration District No. *15*

DO NOT WRITE IN THIS SPACE
97974
 State File No.

APR 1 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)
 2. FULL NAME *James Douglas Jensen*
 (a) Residence No. St. *Donnelly, Idaho*
 (Usual place of abode) (If nonresident give city or town and state)
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed or Divorced (write the word) *Stillbirth*
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
 6. DATE OF BIRTH (month, day, and year) *March 1 - 1936*
 7. AGE Years Months Days If LESS than 1 day, *20* hrs. or *20* min.
No years No No
 8. Trade, profession, or particular kind of work done, as *spinner, sawyer, bookkeeper, etc.* *Stillbirth*
 9. Industry or business in which work was done, as *silk mill, saw mill, bank, etc.*
 10. Date deceased last worked at this occupation (mo. and yr.)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Donnelly, Idaho*
 (State or country)

13. NAME *Douglas Carter Jensen*

14. BIRTHPLACE (city or town) *Donnelly, Idaho*
 (State or country)

15. MAIDEN NAME *Bethie Lucile Kemble*

16. BIRTHPLACE (city or town) *Donnelly, Idaho*
 (State or country)

17. INFORMANT *Douglas Carter Jensen*
 (Address) *Donnelly, Idaho*

18. BURIAL, CREMATION OR REMOVAL
 Place *Idaho* Date *5/2, 1936*

19. UNDERTAKER *A. D. Dobb*
 (Address) *Idaho*

20. FILED *Mar 2nd 1936* *Montana G. Ready*
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *3-1 1936*

22. I HEREBY CERTIFY, That I attended deceased from 193....., to 193.....
 I last saw h.... alive on 193....; death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Stillbirth
head injury at time of birth
 Other contributory causes of importance:
 Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
 Accident, suicide, or homicide?..... Date of injury... 193.

Where did injury occur?.....
 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. *If so, specify*

(Signed) *Basco*
 (Address) *Basco, Idaho*

By M. M. Gardner, Dep.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARECity of BocatelloNo. St. Anthony St.Mercy Hospital

(If born in hospital or institution give name.)

Registration District No. 28 State File No. S 242010Prim. Registration District No. 2161 Local Registrar's No. 13182. FULL NAME OF CHILD Stillborn Janney3. Sex Male If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth..... 6. Premature 8 mo. Legiti- mate? yes 7. Date of birth 4-2-, 1986 (Month, Day, Year)9. Full name FATHER John James Janney 13. Full maiden name MOTHER Alvina Mary Elsbened10. Residence (usual place of abode) Box #38 (If non-resident, give place and State) Pocatello, Ida 19. Residence (usual place of abode) Box #38 (If non-resident, give place and State) Pocatello, Ida11. Color or race W 12. Age at last birthday 33 (years) 20. Color or race..... 21. Age at last birthday 26 (years)13. Birthplace (city or place) Quebec, Mont (State or Country) 22. Birthplace (city or place) Quebec, Minn (State or Country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Home Place 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home16. Date (month and year) last engaged in this work present, 19..... 17. Total time (years) spent in this work 15 yrs. 25. Date (month and year) last engaged in this work present, 19..... 26. Total time (years) spent in this work 11 mo.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn 1

29. If stillborn, period of gestation..... { months or weeks 30. Cause of Stillbirth..... { Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11³⁰ A. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

Registrar.

(Signed) W. W. Brothers, M. D.or MidwifeAddress W. W. BrothersFiled 4-22, 1986 D. C. Ray

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGU-PATION is very important. See instruction on back of certificate.

MAY 11 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 98687

County of Bannock
City of Pocatello

Registration District No.

Primary Registration District No.

Local Registrar's No. 639(No. St. Anthony Hosp.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Infant Taney(a) Residence. No. St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Apr. 1, 19367. AGE Years Months Days If LESS than 1 day, hrs. or min. 7 mos.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho13. NAME John J. Taney14. BIRTHPLACE (city or town) Anacostia
(State or country) D.C.15. MAIDEN NAME Elvina Elsburn16. BIRTHPLACE (city or town) Beauharnois
(State or country) Ill.17. INFORMANT (Address) John J. Taney
Pocatello, Idaho18. BURIAL, CREMATION, OR REMOVAL Place Mountain View Date Apr. 1, 193619. UNDERTAKER Edward J. Fisher
(Address) Pocatello, Idaho20. FILED 4-7, 1936 D C Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 1, 193622. I HEREBY CERTIFY, That I attended deceased from 4-1-1936 to 4-1-1936I last saw h. a. stillborn, 1936; death is said to have occurred on the date stated above, at m.The principal cause of death and related causes of importance were as follows: Stillborn
Premature (7 mos.)Other contributory causes of importance: Albunimuria in motherName of operation None Date of Apr. 1, 1936What test confirmed diagnosis? Chief Was there an autopsy? Yes

23. If death was due to external causes (violence) all in also the following:

Accident, suicide, or homicide? — Date of injury —, 1936Where did injury occur? —
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? YIf so, specify W. A. Brothman, M. D.(Signed) W. A. Brothman(Address) Pocatello, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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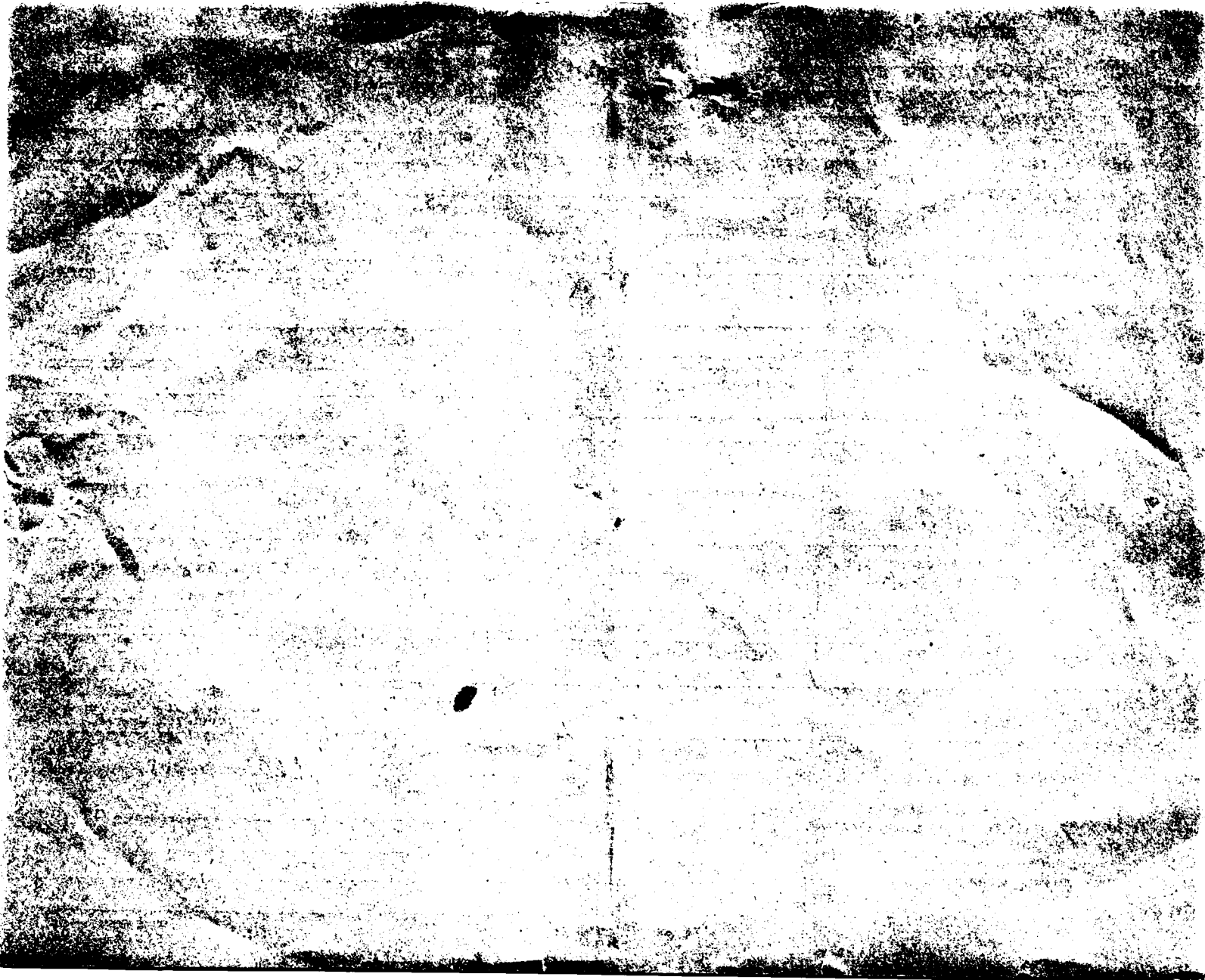
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bingham</u> City of <u>Moreland</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS MAY 8 1936 RECEIVED CERTIFICATE OF BIRTH 242079 S	
(If born in hospital or institution give name.)		Registration District No. <u>121</u>	State File No. <u>S</u>
2. FULL NAME OF CHILD		Prim. Registration District No. <u>2194</u>	Local Registrar's No. <u>91</u>
3. Sex <u>Female</u>		4. Twin, triplet, or other births _____	5. Number, in order of birth _____
6. Premature _____		7. Legitimate? <u>Yes</u>	8. Date of birth <u>April 4, 1936</u> (Month, Day, Year)
9. Full name <u>FATHER</u> <u>Lester Belnap</u>		18. Full maiden name <u>MOTHER</u> <u>Vera Ellsworth</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Moreland, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Moreland, Idaho</u>	
11. Color or race <u>White</u>		12. Age at last birthday <u>47</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Hooper, Utah</u>		22. Birthplace (city or place) (State or Country) <u>Pearsall, Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Neo-Sitrol</u>			
28. Number of children of this mother <u>9</u> (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ months or weeks		30. Cause of Stillbirth _____ <u>Thrombosis of cord</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>born dead</u> at <u>2:00</u> p.m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____		(Signed) <u>W. W. Beck</u> , M. D. or _____ Midwife Address <u>Blackfoot, Idaho</u> Filed <u>May 4, 1936</u> <u>Mr. Walter E. Stature</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of COUPA-TION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BinghamCity of Blackfoot, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 121Primary Registration District No. 2194

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Imogene Belnap (Stillborn)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-4-36

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Blackfoot R.
(State or country) Idaho

13. NAME Lester Belnap

14. BIRTHPLACE (city or town) Haager
(State or country) Utah

15. MAIDEN NAME Vere Ellsworth

16. BIRTHPLACE (city or town) Lewisville
(State or country) Idaho

17. INFORMANT Lester Belnap
(Address) Blackfoot R.

18. BURIAL, CREMATION OR REMOVAL
Place Mountain Camp Date Mar. 6 1936

19. UNDERTAKER Lester Belnap
(Address) Blackfoot, Ida.

20. FILED Apr. 4 1936 M. H. H. H. H. H.
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 98283Local Registrar's No. 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-4-1936

22. I HEREBY CERTIFY, That I attended deceased from Stillborn
4-4-1936

I last saw h. alive on, 193...: death is said to have occurred on the date stated above, at 2:00 a. m. The principal cause of death and related causes of importance were as follows:

Date of onset

Thrombosis of Cord
Several days before birth

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Beck M. D.(Address) Blackfoot, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

993 220 007 415 MAY 6 1936 RELEASED

1. PLACE OF BIRTH
County of Blaine
City of Staley
No. _____ St. _____
(If born in hospital or institution give name.)
Registration District No. 57 State File No. 242104
Prim. Registration District No. 2025 Local Registrar's No. 24

2. FULL NAME OF CHILD _____

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 4-20-1936
(MONTH, DAY, YEAR)

9. Full name FATHER Elmer Richards 18. Full maiden name MOTHER Vernie Louise Mansford
10. Residence (usual place of abode) Farley, Idaho 19. Residence (usual place of abode) Farley, Idaho
(If non-resident, give place and State) (If non-resident, give place and State)
21. Age at last birthday 40 (years)
22. Birthplace (city or place) Doer, Idaho (State or country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 19

11. Color or race W 12. Age at last birthday 43 (years)
13. Birthplace (city or place) Agden, Utah (State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 20

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 4
28. If stillborn, period of gestation 7 months or weeks 29. Cause of stillbirth Mongolian
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Preborn at 4 a m. on the date above stated.
(Born before or after labor)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from
a supplemental report _____

(DATE OF)

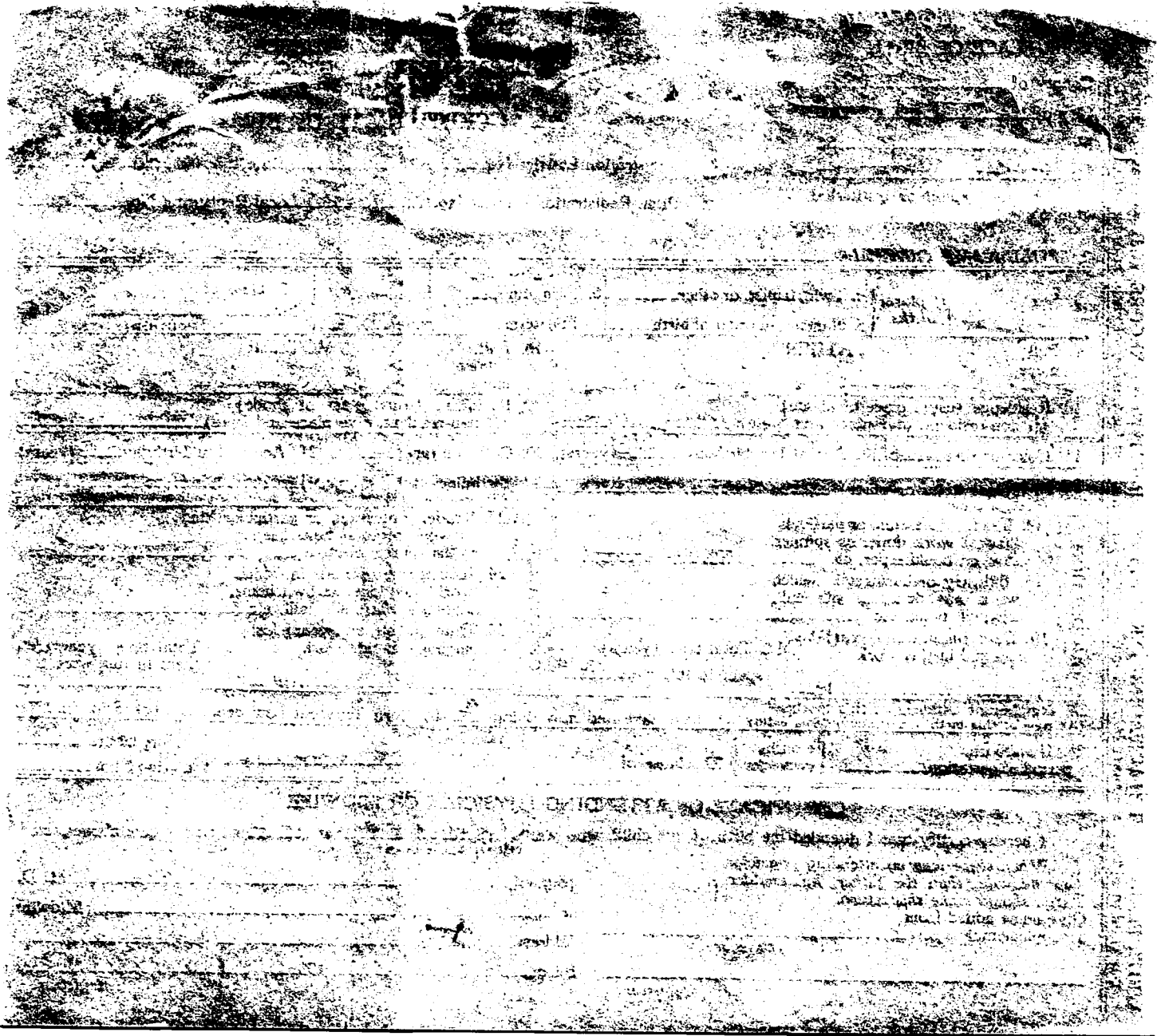
Registrar.

(Signed) E. W. Fox, M. D.

or _____ Midwife

Address Staley, Idaho

Filed 5-1, 1936 Robert H. Wright
Registrar.



RECEIVED MAY 6 1936

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 6 1936
PLACE OF DEATH

RECEIVED
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

98305

State File No.

County of Blaine

Registration District No. 57

City of Hailey

Primary Registration District No. 2022

Local Registrar's No. 13

(No. Hailey General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence, No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 0 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer) L

(c) Name of employer i

9. BIRTHPLACE (city or town) Hailey, Idaho (State or country)

10. NAME OF FATHER William Richards

11. BIRTHPLACE OF FATHER (city or town) Ogden, Utah (State or Country)

12. MAIDEN NAME OF MOTHER Vernel Louise Stanford

13. BIRTHPLACE OF MOTHER (city or town) Salt Lake City, Utah (State or Country)

14. Informant Vernel Richards (Address) Hailey, Idaho

15. Filed 5-1, 1936 J. H. Wright Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 20, 1936 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 4/20, 1936, to 4/20, 1936, that I last saw her alive on April 20, 1936, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Mongolian

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. W. Fox, M. D.

, 19 (Address) Hailey, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Carey, Idaho Date of Burial 4/21, 1936

20. Undertaker Family Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of child stated.

997-208 009 818
MAY 7 1936 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BIRTH AND VITAL STATISTICS
CERTIFICATE OF BIRTH S 242113

1. PLACE OF BIRTH
County of Noble
City of Noble
No. _____ St. _____
Registration District No. 80 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2157 Local Registrar's No. 4

2. FULL NAME OF CHILD Baby Girl Higgins

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>4/8/1936</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name <u>Charles Lowell Higgins</u>	FATHER	18. Full maiden name <u>Ruth May Hayes</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Noble Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Noble Idaho</u>	
11. Color or race <u>W</u>	12. Age, at last birthday <u>29</u> (years)	20. Color or race <u>W</u>	21. Age, at last birthday <u>28</u> (years)
13. Birthplace (city or place) (State or Country) <u>Illinois</u>		22. Birthplace (city or place) (State or Country) <u>Oklahoma</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>labor</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>P.W.D.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
16. Date (month and year) last engaged in this work <u>Now</u>	17. Total time (years) spent in this work <u>10 years</u>	25. Date (month and year) last engaged in this work <u>Now</u>	26. Total time (years) spent in this work <u>8 yrs</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Ag NO-3

28. Number of children of this mother (At time of this birth and including this child)
3
(a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn 1

29. If stillborn, period of gestation Full term { months - 9 or weeks

30. Cause of stillbirth Membranes retained during labor { Before labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) F. F. Hornung, M. D.
or _____ Midwife
Address Coverdale Idaho
Filed 4-30, 1936 Curle Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner
City of Hope

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 80
Primary Registration District No. 2751

DO NOT WRITE IN THIS SPACE

98311

State File No. _____

Local Registrar's No. 4

MAY 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Carl Rigger

(a) Residence. No. _____
(Usual place of abode)

St. Hope Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 8, 1936

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hope Idaho
(State or country)

MOTHER FATHER

13. NAME Chas. Farrell Rigger14. BIRTHPLACE (city or town) Illinois
(State or country)15. MAIDEN NAME Ruth May Hayes16. BIRTHPLACE (city or town) Oklahoma
(State or country)17. INFORMANT Chas. R. Rigger
(Address) Hope, Idaho.18. BURIAL, CREMATION OR REMOVAL
Place Hope, Idaho Date Apr. 8, 193619. UNDERTAKER H. S. Hagan
(Address) Dependent, Idaho.20. FILED 4-8, 1936 Carl Rigger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/8 193622. I HEREBY CERTIFY, That I attended deceased from 4/8 1936 to 4/8 1936I last saw h. Stillborn Baby alive on 4/8 1936; death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Stillborn Baby

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) F. T. Rigger M. D.(Address) Overdell, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannockville
City of Idaho Falls, Idaho
No. Idaho Hospital St. Idaho Falls, Ida
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Stillborn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF VITAL STATISTICS
CERTIFICATE OF BIRTH
- 242146
Registration District No. 13 State File No. _____
Prim. Registration District No. 2140 Local Registrar's No. 190

3. Sex Female
If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature 4 1/2 months
7. Legitimate? yes
8. Date of birth 4-19, 1936
(Month, Day, Year)

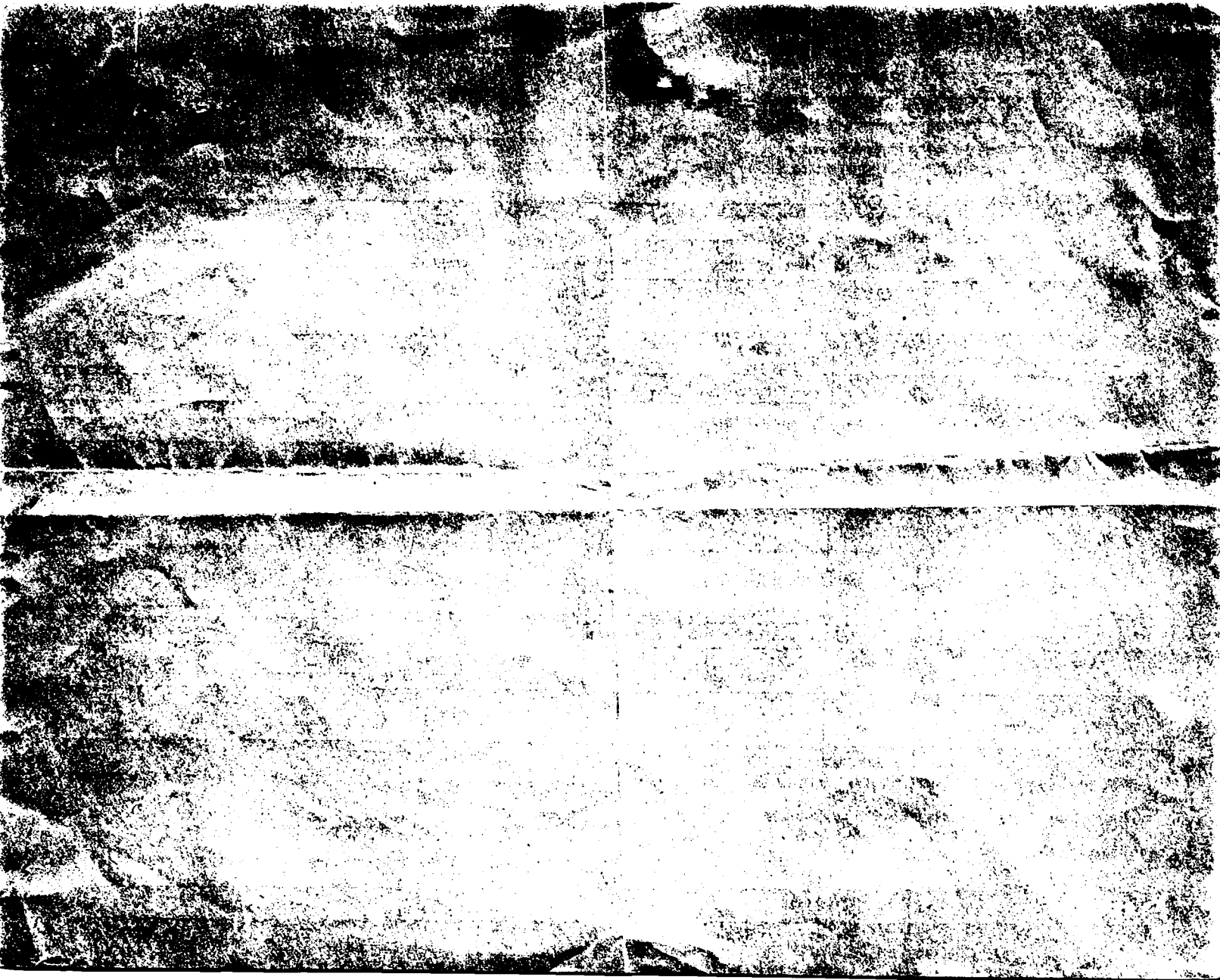
9. Full name FATHER Daniel Earl Owens
10. Residence (usual place of abode) 243 North Ridge
(If non-resident, give place and State) Idaho Falls, Idaho
11. Color or race white | 12. Age at last birthday 4 (years)
13. Birthplace (city or place) Reilly
(State or Country) Idaho
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bakery, Swedish
16. Date (month and year) last engaged in this work April 18, 1936
17. Total time (years) spent in this work 1 month

18. Full maiden name MOTHER Orba Fay Hamilton
19. Residence (usual place of abode) 243 North Ridge
(If non-resident, give place and State) Idaho Falls, Idaho
20. Color or race white | 21. Age at last birthday 19 (years)
22. Birthplace (city or place) Reilly
(State or Country) Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work April 18, 1936
26. Total time (years) spent in this work 10 months

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation { months or weeks _____
30. Cause of Stillbirth { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 4:48 a. m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

(Signed) _____, M. D.
or _____, Midwife
Address Idaho Falls, Idaho
Filed Apr 20, 1936 Chambers
Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonneville</u>	CITY OF <u>Idaho Falls</u>			98321	
MAY 7 1936 RECEIVED				State File No.	
Registration District No. <u>73</u>				Local Registrar's No. <u>73</u>	
Primary Registration District No. <u>2, 4, 0</u>					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Still birth</u>					
(a) Residence. No. St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. Color or Race <u>white</u>		5. Single, Married, Widowed or Divorced (write the word)	
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>April 19, 1936</u>					
7. AGE Years Months Days		If LESS than 1 day... hrs. or ... min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>					
13. NAME <u>Daniel Earl Owen</u>					
14. BIRTHPLACE (city or town) <u>Biglby</u> (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Orpha Fay Hamblin</u>					
16. BIRTHPLACE (city or town) <u>Reynolds</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>Father</u> (Address)					
18. BURIAL, CREMATION OR REMOVAL Place <u>Idaho Falls</u> Date <u>Apr. 9, 1936</u>					
19. UNDERTAKER <u>Idaho Falls</u> (Address)					
20. FILED <u>Apr. 20, 1936</u> <u>Idaho Falls</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>4-19 1936</u>					
22. I HEREBY CERTIFY That I attended deceased from <u>4/19 1936</u> to <u>4/19 1936</u>					
I last saw him/her on <u>4/19 1936</u> death is said to have occurred on the date stated above, at <u>4:28 AM</u>					
The principal cause of death and related causes of importance were as follows:					
Asphyxia due to <u>4 to 5 months</u>					
Other contributory causes of importance:					
Premature					
Name of operation..... Date of.....					
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy?..					
23. If death was due to exte'l causes (violence) fill in also the following:					
Accident, suicide, or homicide?..... Date of injury... 193.					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....					
(Signed) <u>Idaho Falls</u> M. D.					
(Address) <u>Idaho Falls</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 242352

136108-025-452

1. PLACE OF BIRTH

County of Idaho

City of Lucile

No. 9

1936

RECEIVED

Registration District No. 103

State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2181 Local Registrar's No. 19

2. FULL NAME OF CHILD

Wm. Howard

3. Sex M

If plural births

4. Twin, triplet, or other other

Premature yes

Legiti-

8. Date of birth

Apr 8, 1936
(Month, Day, Year)

5. Number, in order of birth

Full term yes mate? yes

9. Full name

FATHER

James W. Howard

18. Full maiden name

MOTHER

Elma Messier

10. Residence (usual place of abode)

(If non-resident, give place and State)

19. Residence (usual place of abode)

(If non-resident, give place and State)

11. Color or race W

12. Age at last birthday 4 5 years

20. Color or race W

21. Age at last birthday 32 years

13. Birthplace (city or place)

(State or country)

Sullivan, W. Va.

22. Birthplace (city or place)

(State or country)

Marysville, W. Va.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent

in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent

in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 7 at time of this birth and including this child

(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 6 mo months or weeks

30. Cause of stillbirth Drum's mother

Before labor yes
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. P. Weber, M. D.

or _____ Midwife

Address Pringleville, Idaho

Filed 4-13-36 1936 B. Chipman

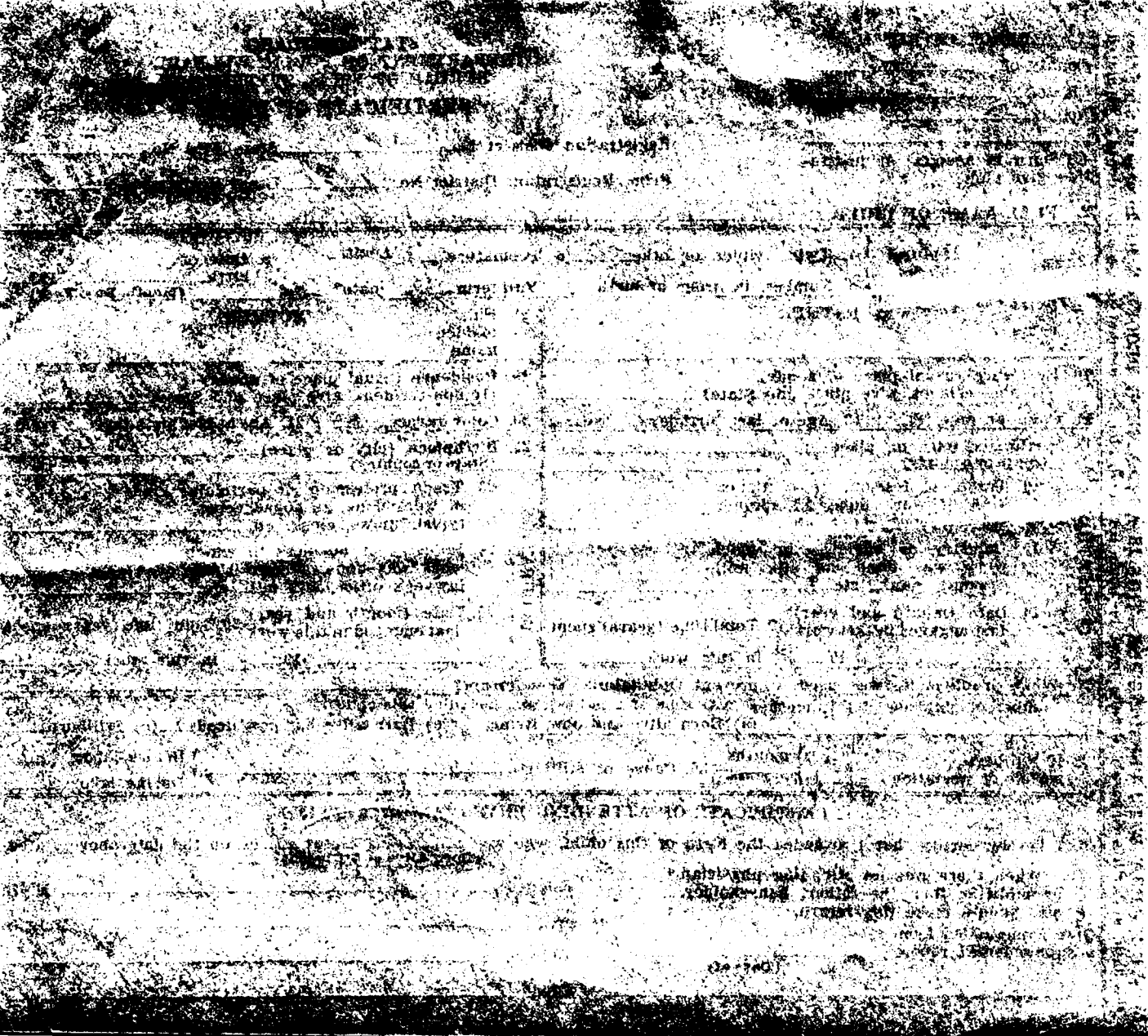
Registrar

Registrar

Give name added from a supplemental report

(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho
City of White Bird

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98418

MAY 9 1936 RECEIVED

Registration District No. 103

Primary Registration District No. 2181

Local Registrar's No. 19

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant William Atwood

(a) Residence. No. White Bird Idaho St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) none

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Apr. 8-36

7. AGE Years Months Days still Born If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (mo. and yr.) none
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) White Bird (State or country) Idaho

13. NAME James Atwood

14. BIRTHPLACE (city or town) not obt. (State or country) Mo.

15. MAIDEN NAME Alma Messier

16. BIRTHPLACE (city or town) Fort Missoula (State or country) Mont.

17. INFORMANT Father James Atwood (Address) White Bird Idaho

18. BURIAL, CREMATION OR REMOVAL
Place _____ Date _____ 193__

19. UNDERTAKER Hancock Funeral Home (Address) Grangerville Idaho

20. FILED 5-6-36 1936 13 C. E. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-8 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193__, to Apr 8, 1936

I last saw h. _____ alive on _____, 193__: death is said

to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Drowned when
passed
stillborn

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. E. Weber M. D.

(Address) Grangerville Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

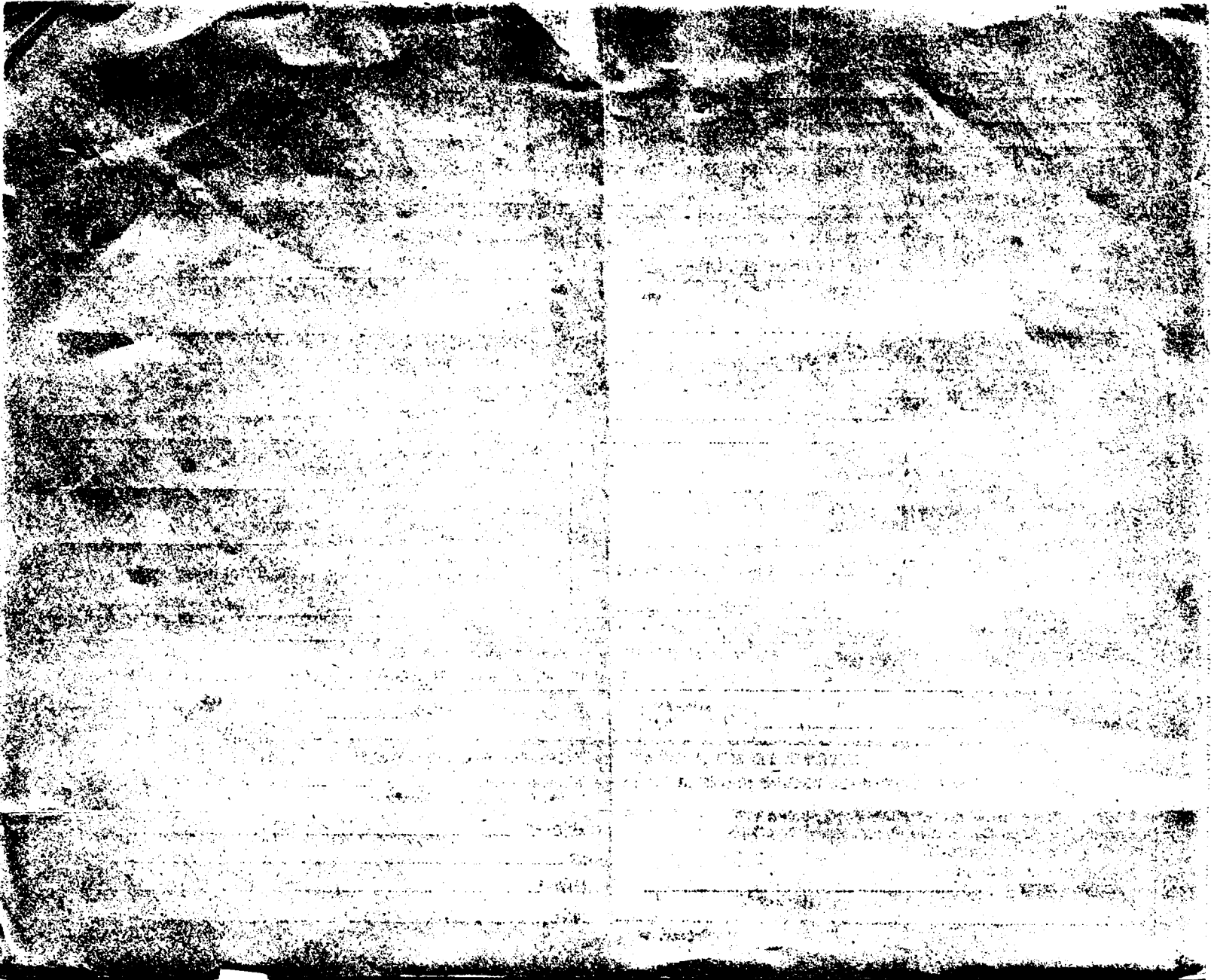
The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Jefferson</u> City of <u>Reidy</u> No. <u>Waddy, Wm. A. James</u> St. _____ (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>Walter Ballentine Ball</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS MAY 1 1936 RECEIVED CERTIFICATE OF BIRTH 242380 Registration District No. _____ State File No. <u>98</u> Prim. Registration District No. <u>276</u> Local Registrar's No. <u>45</u>	
3. Sex <u>M</u> If plural births { 4. Twin, triplet, or other <u>no</u> 5. Number, in order of birth _____	6. Premature _____ Full term <u>+</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>April 5, 1936</u> (Month, Day, Year)
9. Full name FATHER <u>Archie Glen Ball</u> 10. Residence (usual place of abode) <u>Reidy, Idaho</u> (If non-resident, give place and State) 11. Color or race <u>W</u> 12. Age at last birthday <u>40</u> (years)		18. Full maiden name MOTHER <u>Vilate B. Ballentine</u> 19. Residence (usual place of abode) <u>Reidy</u> (If non-resident, give place and State) 20. Color or race <u>W</u> 21. Age at last birthday <u>39</u> (years)	
13. Birthplace (city or place) <u>Reidy, Idaho</u> (State or Country) 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u> 16. Date (month and year) last engaged in this work <u>present</u> 17. Total time (years) spent in this work <u>life</u>		22. Birthplace (city or place) <u>Reidy, Idaho</u> (State or Country) 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u> 25. Date (month and year) last engaged in this work <u>present</u> 26. Total time (years) spent in this work <u>13</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>full term</u> { months <u>40</u> or weeks <u>40</u>		30. Cause of stillbirth <u>Birth trauma</u> { Before labor <u>+</u> During labor <u>+</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>Child born</u> at <u>9:10</u> a.m. on the date above stated. (Born alive or stillborn) When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ Registrar, _____			
(Signed) <u>J. Harper Bulley</u> , M. D. or _____, Midwife Address <u>Reidy, Idaho</u> Filed <u>APR 10 1936</u> , 1936 <u>C. W. Scherell</u> Registrar, _____			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98426Registration District No. 98Primary Registration District No. 2176Local Registrar's No. 16

(If death occurred in a hospital or institution, give its name instead of street and number)

Walton Ballantyne Call.

2. FULL NAME

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Babe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
April 5, 1936

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

13. NAME Archie Glenn Call.

14. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

15. MAIDEN NAME Vilate Ballantyne.

16. BIRTHPLACE (city or town) Ogden, Utah
(State or country)

17. INFORMANT Archie Call
(Address) Rigby, Idaho. R. 1

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Idaho. Date 4/5, 1936

19. UNDERTAKER None
(Address)

20. FILED 4/13, 1936 W. A. Decher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/5 1936

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1936 to April 5, 1936

I last saw him alive on April 5, 1936; death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn baby
Birth trauma

4/5/36

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. Harper Bulley, M. D.(Address) Rigby, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		MAY 11 1936 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 242450	
County of <u>Latah</u>		City of <u>Moscow</u>		No. <u>702</u> St. <u>The Grifman Hospital</u>		Registration District No. <u>61</u> State File No. <u>1011</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1011</u>		Locs' Registrar's No. <u>203</u>			
2. FULL NAME OF CHILD <u>Still born</u>							
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>4-7-1936</u> (Month, Day, Year)			
9. Full name FATHER <u>Clifford A. Jessup</u>				18. Full maiden name MOTHER <u>Doris Ruth Christensen</u>			
10. Residence (usual place of abode) <u>Moscow Idaho</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>Moscow Idaho</u> (If non-resident, give place and State)			
11. Color or race <u>White</u> 12. Age at last birthday <u>23</u> (years)				20. Color or race <u>White</u> 21. Age at last birthday <u>21</u> (years)			
13. Birthplace (city or place) <u>Moscow Idaho</u> (State or Country)				22. Birthplace (city or place) <u>Viola Idaho</u> (State or Country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Postal Employee</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>			
16. Date (month and year) last engaged in this work <u>Present</u>				17. Total time (years) spent in this work <u>1 1/2 yrs</u>			
18. Date (month and year) last engaged in this work <u>Present</u>				19. Total time (years) spent in this work <u>3 yrs</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum?							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>8</u> months or weeks				30. Cause of Stillbirth <u>Toxemia of Pregnancy</u> During labor <u>✓</u> Before labor <u>✓</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:22 m. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

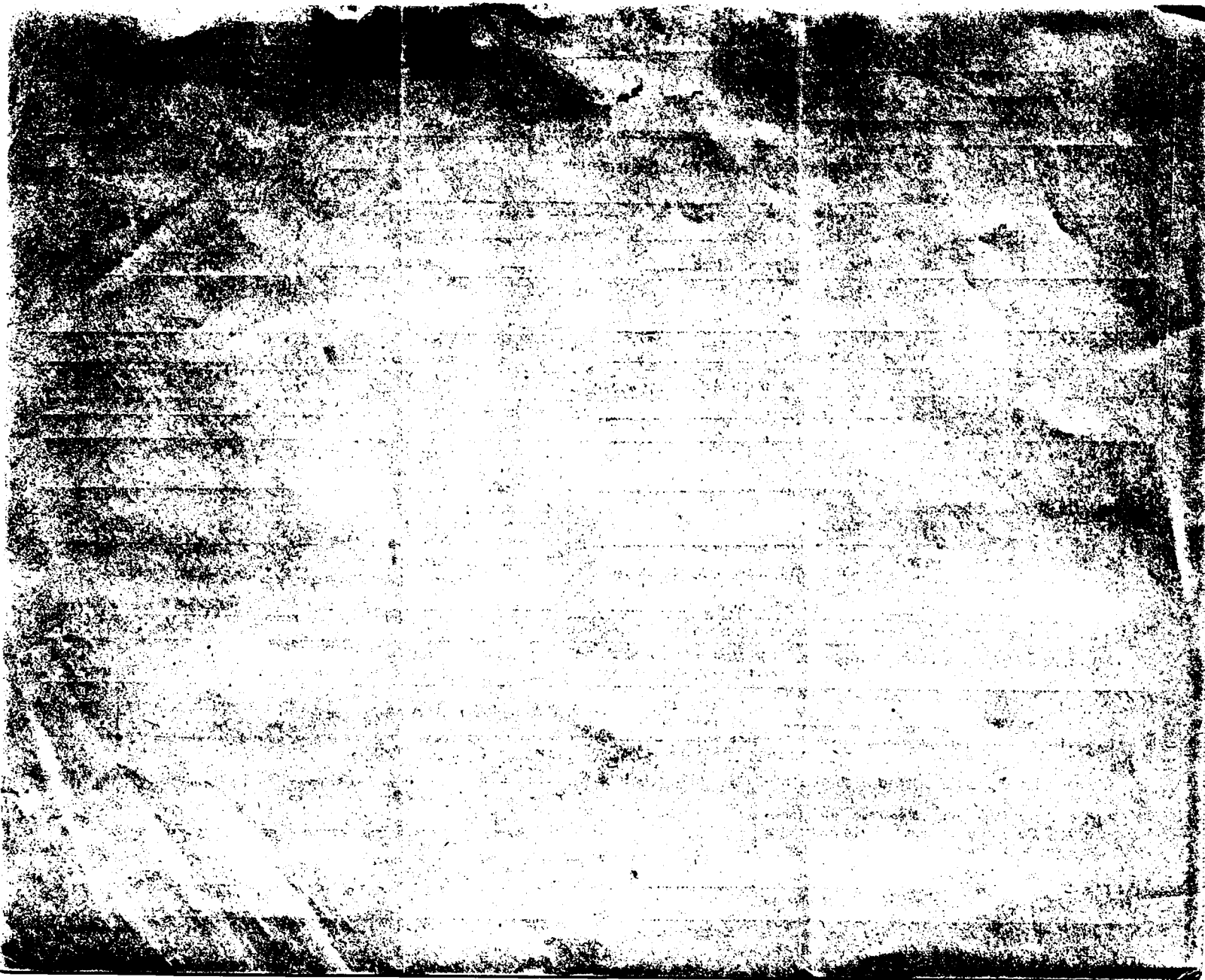
Registrar.

(Signed) Dorothy M. Leehr, M. D.

or _____, Midwife

Address Moscow Idaho

Filed 5-6-1936, Registrar.



MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
Latah

County of _____
City of **Moscow**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. **61**

Primary Registration District No. **1011**

(No. **Gritman Hospital**)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Stillbirth**

(a) Residence. No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **White** 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Moscow, Ida.**
(State or country)

13. NAME **Clifford Jessup**

14. BIRTHPLACE (city or town) **Moscow, Ida.**
(State or country)

15. MAIDEN NAME **Doris Christiansen**

16. BIRTHPLACE (city or town) _____
(State or country)

17. INFORMANT **Clifford Jessup**
(Address)

18. BURIAL ~~CLIFFORD JESSUP~~ **CLIFFORD JESSUP**
Place **Moscow** Date **4/8, 1936**

19. UNDERTAKER **H. R. Short**
(Address) **Moscow**

20. FILED **4/8**, 1936 **6** Registrar.

DO NOT WRITE IN THIS SPACE

State File No. **98465**

Local Registrar's No. **111**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) **4/7** 193 **6**

22. I HEREBY CERTIFY, That I attended deceased from _____, 193..., to _____, 193....

I last saw h... alive on _____, 193.... death is said to have occurred on the date stated above, atm. The principal cause of death and related causes of importance were as follows:

Stillborn 4-7-36

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury..., 193.

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify _____

(Signed) **Doyle M. Luehr** M. D.

(Address) **Moscow, Idaho**

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 3 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

219 119 035 766

MAY 13 1936 RECEIVED

S

1. PLACE OF BIRTH
 County of Nezperce
 City of Lewiston
 No. _____ St. St. Joseph's Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

242551

Registration District No. 1009 State File No. _____Prim. Registration District No. 96 Local Registrar's No. _____2. FULL NAME OF CHILD Baby Bailey

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
 6. Premature _____ Full term yes
 7. Legitimate? yes
 8. Date of birth April 19 1936
 (Month, Day, Year)

9. Full name FATHER
Edmund A. Bailey18. Full maiden name MOTHER
Mary Lou Goodwin10. Residence (usual place of abode) Winchester, Ia
(If non-resident, give place and State)19. Residence (usual place of abode) Winchester, Idaho
(If non-resident, give place and State)11. Color or race W | 12. Age at last birthday 22 (years)20. Color or race W | 21. Age at last birthday 18 (years)13. Birthplace (city or place) Missoula, Mont.
(State or Country)22. Birthplace (city or place) Winchester, Idaho
(State or Country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw Mill24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead D (c) Stillborn 029. If stillborn, period of gestation 9 mos { months or weeks30. Cause of stillbirth { Before labor Physician's During labor Placental

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at _____ m. on the date above stated.
(Born Alive or Stillborn)

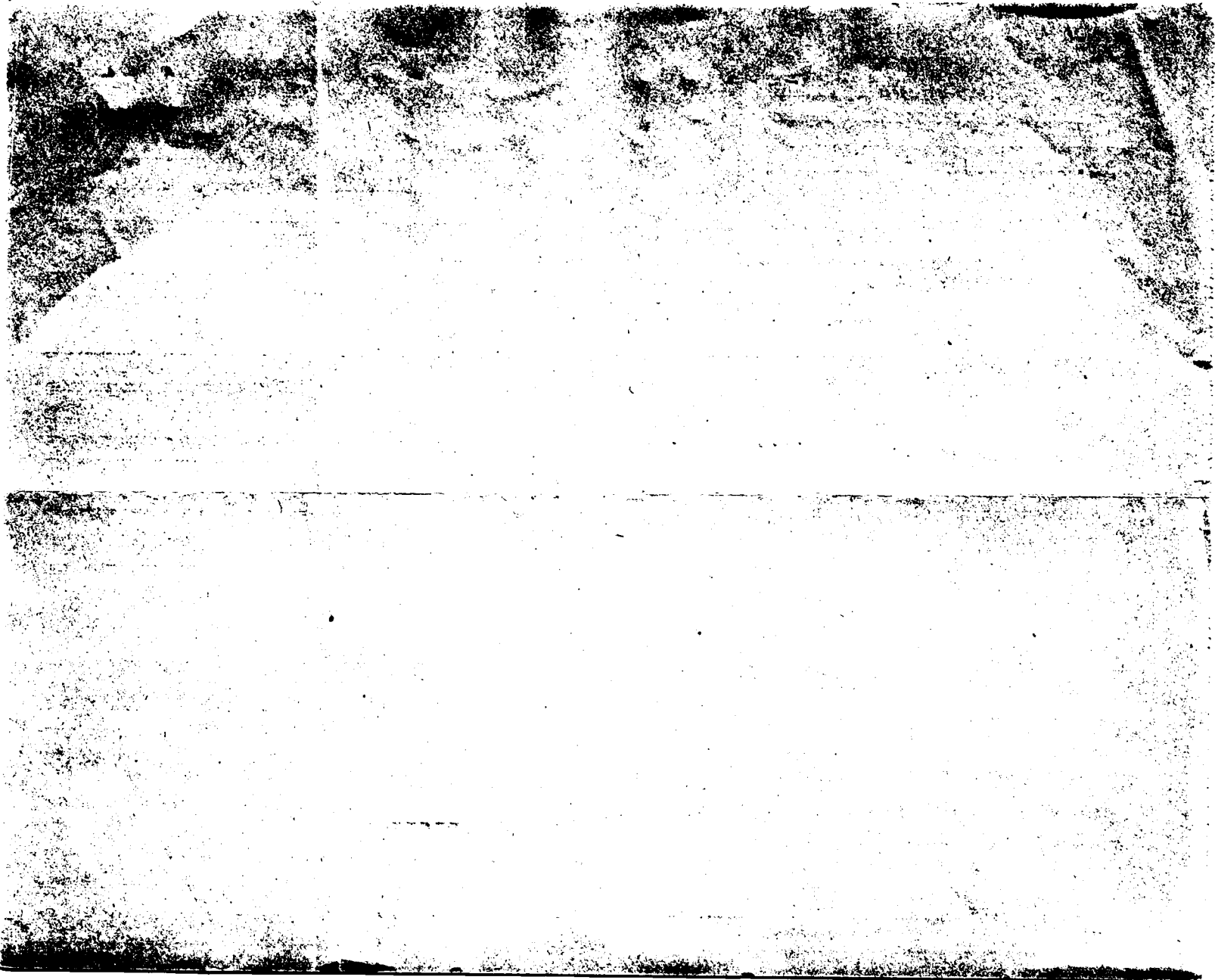
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. H. Collins, M. D.
or _____, MidwifeAddress Craigmont, IdahoFiled Apr 1, 1936 J. M. Rayle Registrar.

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr. Collins

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 98521 State File No.	
County of <u>Nez Perce</u> City of <u>Lewiston</u>		Registration District No. <u>1009</u> Primary Registration District No. <u>96</u> (No. <u>St. Joseph</u>) (If death occurred in a hospital or institution, give its name instead of street and number)		Local Registrar's No. _____	
2. FULL NAME <u>Infant Son of E.A. Bailey</u>					
(a) Residence. No. <u>Wenchester Idaho</u> St. _____ (Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>April 20, 1936</u>					
7. AGE Years <u>0</u>		Months <u>0</u>		Days <u>0</u>	
If LESS than 1 day _____ hrs. or _____ min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Lewiston Idaho</u> (State or country)					
MOTHER/FATHER	13. NAME <u>Edmond A. Bailey</u>				
	14. BIRTHPLACE (city or town) <u>Missoula Mont.</u> (State or country)				
	15. MAIDEN NAME <u>Mary Lee Goodwin</u>				
	16. BIRTHPLACE (city or town) <u>Wenchester Idaho</u> (State or country)				
17. INFORMANT <u>E.A. Bailey</u> (Address) <u>Wenchester, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Lewiston, Idaho</u> Date <u>4/21/36</u>					
19. UNDERTAKER <u>Vassar Shaughnessy Rawls</u> (Address) <u>Lewiston Idaho</u>					
20. FILED <u>May 1, 1936</u> <u>J. M. Ryle</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>4-20-1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>St. Joseph</u> 193 <u>6</u> , to _____, 193 <u>6</u> I last saw him alive on _____, 193 <u>6</u> : death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Dysentery</u> Other contributory causes of importance: _____					
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>6</u> Where did injury occur? _____ (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify _____ (Signed) <u>H. H. Collins</u> M. D. (Address) <u>Craigmont Ida.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

313115 040-759
PLACE OF BIRTH
County of Shoshone MAY 13 1936 RECEIVED
City of Kellogg DEPARTMENT OF PUBLIC WELFARE
No. _____ St. BUREAU OF VITAL STATISTICS
Registration District No. 123 State File No. S 242595
(If born in hospital or institution give name.) Prim. Registration District No. 2201 Local Registrar's No. 23

2. FULL NAME OF CHILD

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>3-15</u> , 19 <u>36</u> (Month, Day, Year)
-----------------------	--	--	--------------------------------	---

9. Full name <u>Adrian Tate</u>	FATHER	18. Full maiden name <u>Clementine Perron</u>	MOTHER
------------------------------------	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg Idaho</u>
--	--

11. Color or race <u>w</u>	12. Age at last birthday <u>23</u> (years)	20. Color or race <u>w</u>	21. Age at last birthday <u>21</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or Country) <u>Washington</u>	22. Birthplace (city or place) (State or Country) <u>Oregon</u>
--	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>present</u> , 19____		25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol-10%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation <u>Full term</u> { months or weeks	30. Cause of Stillbirth <u>Persistent Posterior Instrumental</u> { Before labor _____ During labor _____
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:30 a.m. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

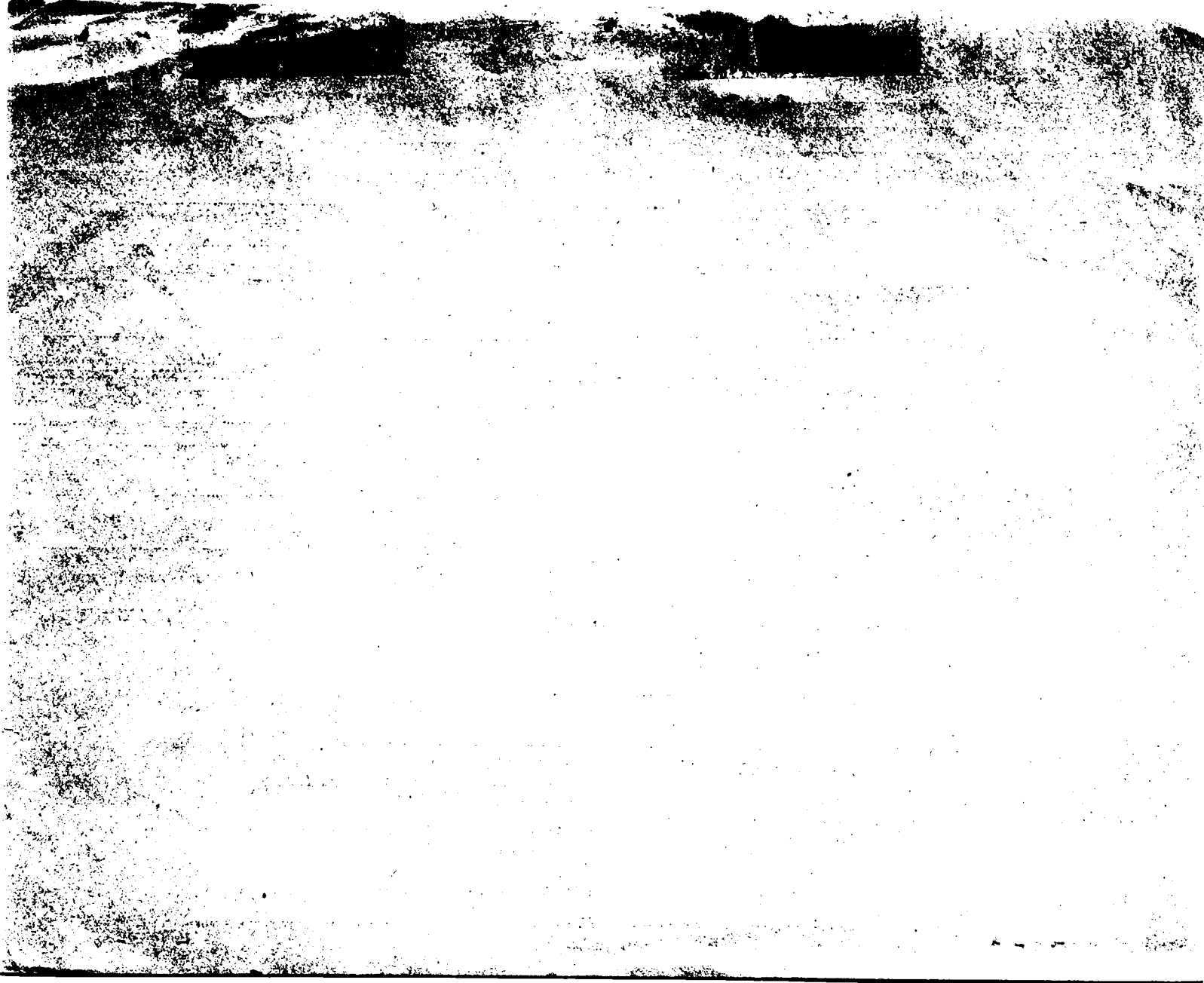
(Signed) W. L. Garrison, M. D.

or _____, Midwife

Address Kellogg, Idaho

Filed May 10, 1936 Mrs. Helen M. Bride

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MAY 13 1936 RECEIVED		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE		State File No. 98956	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH			
County of <u>Shoshone</u>		Registration District No. <u>123</u>		Local Registrar's No. <u>28</u>	
City of <u>Kellogg</u>		Primary Registration District No. <u>2201</u>			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby Kate</u>					
(a) Residence. No. <u> </u> St. <u> </u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. Color or Race <u>white</u>		5. Single, Married, Widowed or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Mar. 15-1936</u>					
7. AGE Years		Months		Days	
				If LESS than 1 day, ... hrs. or min.	
8. Trade, profession, or particular kind of work done, as <u>sawyer, bookkeeper, etc.</u>					
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Kellogg, Idaho</u> (State or country)					
13. NAME <u>Adrian E. Tate</u>					
14. BIRTHPLACE (city or town) <u>Louise, Mass.</u> (State or country)					
15. MAIDEN NAME <u>Clara's Person</u>					
16. BIRTHPLACE (city or town) <u>Joseph, Ariz.</u> (State or country)					
17. INFORMANT <u>A. E. Tate</u> (Address)					
18. BURIAL, CREMATION OR REMOVAL Place <u>Kellogg, Idaho</u> Date <u>Mar. 17, 1936</u>					
19. UNDERTAKER <u>P. J. Tate</u> (Address)					
20. FILED <u>May 12, 1936</u> <u>Harold Nelson, Jr. Bridge</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>3-15-1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>March 15</u> , 193 <u>6</u> , to <u> </u> , 193 <u>6</u> .					
I last saw <u> </u> alive on <u> </u> , 193 <u>6</u> ; death is said to have occurred on the date stated above, at <u> </u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Instrumental delivery birth injury stillborn</u>					
Other contributory causes of importance:					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 193 <u>6</u> . Where did injury occur? <u> </u> (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. <u> </u>					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so specify <u> </u>					
(Signed) <u>W. C. Bentley</u> M. D. (Address) <u>Kellogg, Idaho</u>					

706

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

951-102-040-693

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St. _____

Wardner Hospital

(If born in hospital or institution give name.)

Registration District No. 123 State File No. _____

Prim. Registration District No. 2201 Local Registrar's No. 28

2. FULL NAME OF CHILD Reatherford, Robert Carl

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legiti- mate? yes 8. Date of birth May 2, 1936 (Month, Day, Year)

9. Full name FATHER

Reatherford, Henry Carl

10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg, Idaho

11. Color or race W 12. Age at last birthday 48 (years)

13. Birthplace (city or place) (State or Country) Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. laborer

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation Full term { months or weeks

30. Cause of Stillbirth Very difficult labor Before labor _____ During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:32 p. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Harold T. Anderson, M. D.

or _____, Midwife

Address _____

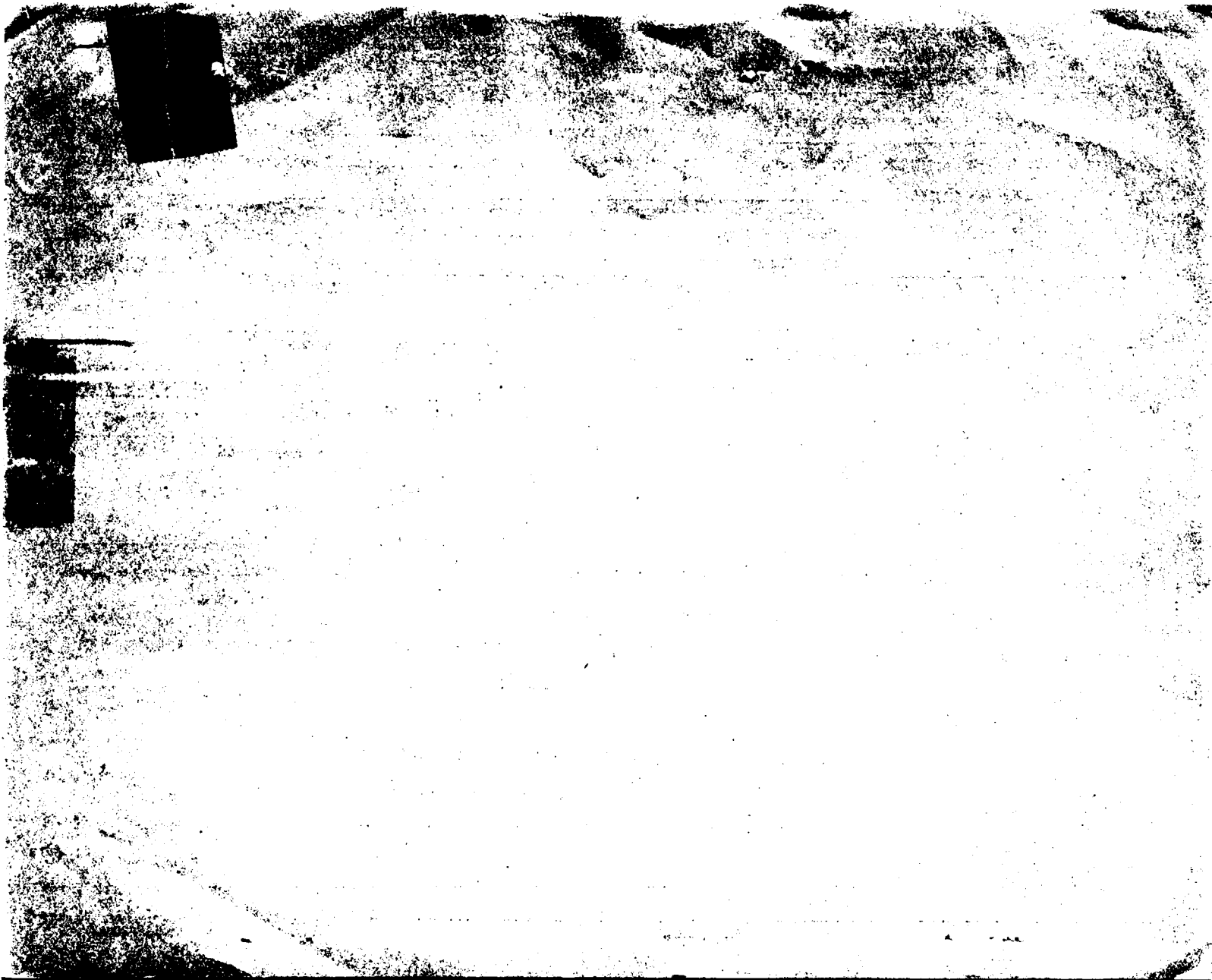
Filed May 10, 1936 Mrs. Helen M. Bide

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 242600



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Dr Anderson
MAY 1 1936
PLACE OF DEATH
County of Bohane
City of Kellogg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **98553**

Registration District No. 123Primary Registration District No. 1201Local Registrar's No. 32

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME ROBERT CARL REATHERFORD

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND or
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, --- hrs. or --- min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg - Ida
(State or country)13. NAME H. C. REATHERFORD14. BIRTHPLACE (city or town) Idaho
(State or country)15. MAIDEN NAME MARION WILSON16. BIRTHPLACE (city or town) Ontario, Conn.
(State or country)17. INFORMANT H. C. Reatherford
(Address) 205 HILL STREET18. BURIAL, CREMATION OR REMOVAL
Place Kellogg Date May 3 193619. UNDERTAKER M. L. Thornhill
(Address) Kellogg20. FILED May 10, 1936 Mrs. Helen M. Bruce
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 2 193622. I HEREBY CERTIFY, That I attended deceased from May 2, 1936, to, 193....

I last saw him alive on, 193....; death is said to have occurred on the date stated above, at 10:32 p.m.
The principal cause of death and related causes of importance were as follows:

Sendah birthVery difficult labor

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193....Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) Harold T. Anderson D.
(Address) Kellogg, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

8/13

1. PLACE OF BIRTH Twin Falls MAY 12 1936 RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

County of Twin Falls City of Twin Falls No. See Hosp. St. Idaho Registration District No. 37 State File No. S 242654

(If born in hospital or institution give name.) Prim. Registration District No. 2085 Local Registrar's No. 905

2. FULL NAME OF CHILD Sonetta Jean Gates

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth April 21st 1936 (Month, Day, Year)

9. Full name FATHER John W. Gates 10. Residence (usual place of abode) (If non-resident, give place and State) Buhl, Idaho 11. Color or race W 12. Age at last birthday 25 (years) 13. Birthplace (city or place) (State or Country) Alajunta Colorado 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm 16. Date (month and year) last engaged in this work now 1936 17. Total time (years) spent in this work 5 yrs

18. Full maiden name MOTHER Freda Fish 19. Residence (usual place of abode) (If non-resident, give place and State) Buhl, Idaho 20. Color or race W 21. Age at last birthday 17 (years) 22. Birthplace (city or place) (State or Country) Sordona Nebraska 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home 25. Date (month and year) last engaged in this work now 1936 26. Total time (years) spent in this work 1 yr 2 mo

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 9 mo { months _____ weeks _____ 30. Cause of stillbirth Stillborn Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:30 a. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) W. H. Harrison, M. D. or _____, Midwife Address Buhl Idaho Filed 5-8, 1936 W. H. Harrison Registrar.

2

MAY 12 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of *Blaine*City of *Blaine*

CERTIFICATE OF DEATH

State File No. *98581*Registration District No. *37*Primary Registration District No. *2085*Local Registrar's No. *104*

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Baby Gates*(a) Residence. No. *Burr*

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. Color or Race *White*

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) *April 19-1936*

7. AGE

Years *2*Months *2*Days *2*

If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *True Falls, Ida*13. NAME *John Gates*14. BIRTHPLACE (city or town) (State or country) *Colorado*15. MAIDEN NAME *Freda Fish*16. BIRTHPLACE (city or town) (State or country) *Nebraska*17. INFORMANT (Address) *John Gates Burr*

18. BURIAL, CREMATION OR REMOVAL

Place *Burr*Date *4/20*19. UNDERTAKER (Address) *Young & Phillips*20. FILED *4/25*

1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *4-19-1936*22. I HEREBY CERTIFY, That I attended deceased from *4-19-1936* to *4-19-1936*I last saw him alive on *4-19-1936*, 193... death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:*Pressure on cord during the delivery*

Other contributory causes of importance:

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify.....

(Signed) *E. S. Perkins*, M. D.(Address) *Burr, Ida*

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD. N. B. - In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		MAY 12 1936 RECEIVED		STATE OF IDAHO	
County of <u>Twin Falls</u>		DEPARTMENT OF PUBLIC WELFARE			
City of <u>Twin Falls</u>		BUREAU OF VITAL STATISTICS			
No. <u>Ken. Co. Hosp</u> St.		Registration District No. <u>37</u>		State File No. <u>S 242659</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1085</u>		Local Registrar's No. <u>198</u>	
2. FULL NAME OF CHILD <u>Raymond Dean Sande</u>					
3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other.	6. Premature.	7. Legitimate? <u>yes</u>	8. Date of birth <u>April 9th</u> 19 <u>36</u> (Month, Day, Year)
9. Full name <u>Pere Folkvord Sande</u>	FATHER		18. Full maiden name <u>Francis Elizabeth Fisher</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Idaho</u>	11. Color or race <u>W</u>		12. Age at last birthday <u>27</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Stavanger Norway</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Employee</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Twin Falls Feed and Ice</u>		
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work		18. Full maiden name <u>Francis Elizabeth Fisher</u>		
19. Date (month and year) last engaged in this work	20. Color or race <u>W</u>		21. Age at last birthday <u>22</u> (years)		
22. Birthplace (city or place) (State or Country) <u>Idaho City Idaho</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		
25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work <u>2 yrs.</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% Silver Nitrate</u>		
28. Number of children of this mother (At time of this birth and including this child)	(a) Born alive and now living (b) Born alive but now dead (c) Stillborn				
29. If stillborn, period of gestation <u>9</u> months or weeks	30. Cause of stillbirth { Before labor During labor				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Stillborn at 12:00 Pm. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Valdi B. Funderling

or

Address 228 Main St. S.

Filed 5-8- 1936

Registrar.

JUN 8 1955

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98553

MAY 12 1936 RECEIVED

Registration District No. 37

Registration District No. 1085

Local Registrar's No. 89

(No. Twin Falls County General Hospital,

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Raymond Dean Sande

(a) Residence. No. 161 Harrison St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
April 9- 1936.

7. AGE Years Months Days If LESS than
0 0 0 1 day hrs.
or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls.
(State or country) Idaho.

MOTHER FATHER 13. NAME Pere F. Sande
14. BIRTHPLACE (city or town) Norway
(State or country)

15. MAIDEN NAME Frances E. Fisher
16. BIRTHPLACE (city or town) Idaho City,
(State or country) Idaho

17. INFORMANT Pere F. Sande
(Address) Twin Falls, Idaho.

18. BURIAL, ~~CERTIFICATE OF REMOVAL~~
Place Twin Falls Date 4-10-, 1936

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.

20. FILED 4-10-, 1936 J. B. Sande Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-9 1936

22. I HEREBY CERTIFY, That I attended deceased from
4/9/36, 1936, to April 9, 1936

I last saw him in Stillborn, 1936: death is said to have occurred on the date stated above, at 12:10 P.M.
The principal cause of death and related causes of importance were as follows:

Still born - 14 1/2 hrs before birth.
Other contributory causes of importance:
Probably asphyxia due to cord around neck.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Val B. Sande
(Address) Twin Falls, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

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.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

433-214003767
PLACE OF BIRTH
County of Bannock JUN 8 1936 RECEIVED STATE OF IDAHO
City of Bozestella DEPARTMENT OF PUBLIC WELFARE
No. 34. Anthony BUREAU OF VITAL STATISTICS
Mercy Hospital St. CERTIFICATE OF BIRTH S 242838
(If born in hospital or institution give name.)
Registration District No. 28 State File No. _____
Prim. Registration District No. 2161 Local Registrar's No. 1723
2. FULL NAME OF CHILD Still born McCashil
3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti- 8. Date of
5. Number, in order of birth _____ Full term ✓ mate? Yes birth 5-14-1936
(Month, Day, Year)
9. Full name FATHER 18. Full name MOTHER
Donald Angus McCashil maiden name Nellie Julia Fox
10. Residence (usual place of abode) 19. Residence (usual place of abode)
(If non-resident, give place and State) 803 E. Clark (If non-resident, give place and State) _____
11. Color or race W 12. Age at last birthday 43 (years) 20. Color or race W 21. Age at last birthday 25 (years)
13. Birthplace (city or place) Quebec, Canada 22. Birthplace (city or place) Valparaiso, Neb.
(State or Country) (State or Country) _____
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Independent 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work present 17. Total time (years) spent in this work 22 yrs 25. Date (month and year) last engaged in this work present 26. Total time (years) spent in this work 7 yrs
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 9:45 P.M. on the date above stated.
(Born Alive or Stillborn)
(Signed) W. W. Rother, M. D. Midwife
or _____
Address Franklin
Filed 6/11, 1936 Chay Registrar.
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____ Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County of Danvers
City of Pocatello

State File No. **98685**

JUN 8 1936 RECEIVED

Registration District No. 28

Primary Registration District No. 2/61

Local Registrar's No. 674

(No. 41 Anthony Hook)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant W. Caskill

(a) Residence. No. 8036 Clark St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed or Divorced (write the word) <i>Single</i>
--------------------	------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) *Nov 14-36*

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			0	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sacramento
(State or country) California

13. NAME Donald A. McCaskill

14. BIRTHPLACE (city or town) Canada
(State or country)

15. MAIDEN NAME *Nellie Fox*

16. BIRTHPLACE (city or town) Yeos
(State or country)

17. INFORMANT Falger
(Address) Box 3, Ch. 10

18. BURIAL, CREMATION OR REMOVAL
Place Muslimian Date May 15, 1936

19. UNDERTAKER Leonardi, Giuseppe
(Address) Pacatello, Italy

20. FILED 5-16, 1936 H. C. May
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *May 1936*

22. I HEREBY CERTIFY,, That I attended deceased from

May 14, 1936 to May 14, 1936
I last saw him alive on Shellborn, 1936; death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance
were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exte^rl causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify no

(Signed) W. Allen Davis M.D.

(Address) Franklin Side

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1924

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

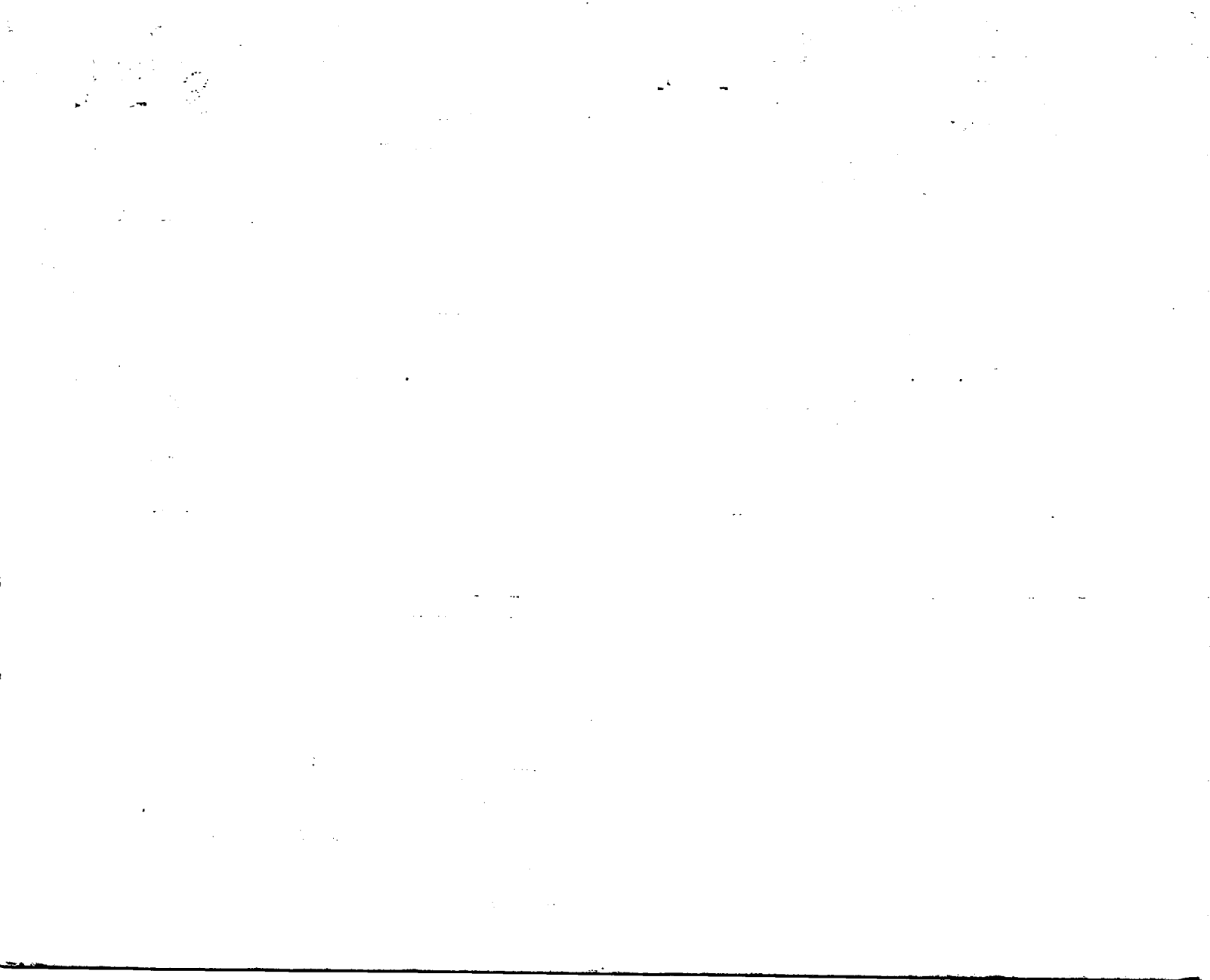
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

24177-006-55		JUN 9 1936 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S242945	
1. PLACE OF BIRTH		County of <u>Bingham</u>		City of <u>Fort Hall Idaho</u>		No. _____ St. _____	
2. FULL NAME OF CHILD (No name) <u>Smart</u>		Registration District No. <u>121-R</u>		State File No. _____		Prim. Registration District No. <u>2194-R</u> Local Registrar's No. <u>240</u>	
3. Sex <u>Male</u>		If plural { 4. Twin, triplet, or other _____ births { 5. Number, in order of birth _____		6. Premature <u>Yes</u> Full term _____		7. Legiti- mate? <u>Yes</u>	
8. Date of birth <u>5-18-1936</u>		(Month, Day, Year)					
9. Full name <u>Frank Smart</u>		FATHER		18. Full maiden name <u>Ella Nephi</u>		MOTHER	
10. Residence (usual place of abode) <u>Fort Hall Idaho</u>		(If non-resident, give place and State)		19. Residence (usual place of abode) <u>Fort Hall Idaho</u>		(If non-resident, give place and State)	
11. Color or race <u>Ban. Ind.</u>		12. Age at last birthday <u>40</u> (years)		20. Color or race <u>Sho. Ind.</u>		21. Age at last birthday <u>36</u> (years)	
13. Birthplace (city or place) <u>Fort Hall Idaho</u>		(State or Country)		22. Birthplace (city or place) <u>Fort Hall Idaho</u>		(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own farm</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>5-16-36</u>		17. Total time (years) spent in this work <u>7</u>		25. Date (month and year) last engaged in this work <u>5-17-36</u>		26. Total time (years) spent in this work <u>36</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____		28. Number of children of this mother <u>3</u> (At time of this birth and including this child) <u>3</u>		(a) Born alive and now living <u>1</u>		(b) Born alive but now dead <u>2</u> (c) Stillborn _____	
29. If stillborn, period of gestation _____		{ months or weeks _____		30. Cause of Stillbirth <u>Syphilis</u>		{ Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE		I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>6:25 A</u> m. on the date above stated.		(Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		Give name added from a supplemental report _____		(Date of) _____		Registrar.	
		Registered.		Address <u>Fort Hall, Idaho</u>		Filed <u>June 3, 1936</u> 193 _____	
				(Signed) <u>B. Brittain</u> R.N. <u>XXX</u>		Gov't Head Nurse _____, Midwife _____	
				Address <u>Fort Hall, Idaho</u>		Registrar. <u>Wm. H. E. Faine</u>	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham E. on R.
City of Fort Hall Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
87702
State File No. _____

Registration District No. I2I-R

Primary Registration District No. 2194-R

Local Registrar's No. 93

(No. Agency Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME (No Name) Smart

(a) Residence. No. Fort Hall Idaho

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Sho. Ind. 3/8 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-18-36

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillborn

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Agency Hospital
(State or country) Fort Hall Idaho

MOTHER FATHER 13. NAME Frank Smart
14. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)
15. MAIDEN NAME Ella Nephi
16. BIRTHPLACE (city or town) Fort Hall Idaho
(State or country)

17. INFORMANT Ella Smart
(Address) Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Butte Cem. Date 5-20, 1936

19. UNDERTAKER Agency Carpenter
(Address) Fort Hall, Idaho

20. FILED June 3, 1936 Mrs. Helen J. Albre (Signed)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-18-36

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 193, to 5-18-36, 193.

I last saw h. alive on _____, 193: death is said to have occurred on the date stated above, at 6:25 A. m. The principal cause of death and related causes of importance were as follows:

Mother found to have syphilis

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Address) Fort Hall Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1923

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

553-224 009-315

1. PLACE OF BIRTH
County of Banner
City of Sandpoint
No. 514 2nd St.
Page Hospital
Registration District No. 78 State File No. 242965
(If born in hospital or institution give name.) Prim. Registration District No. 2155 Local Registrar's No. 41

2. FULL NAME OF CHILD Stillbirth Nelson

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature <u>yes</u> Full term	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Apr 21 1936</u> (Month, Day, Year)
-------------------------	--	--------------------------------------	--------------------------------	--

9. Full name <u>Robert Dean Nelson</u> FATHER	13. Full maiden name <u>Theresa Longdorf</u> MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sandpoint</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sandpoint</u>
11. Color or race <u>W</u>	20. Color or race <u>W</u>
12. Age at last birthday <u>20</u> (years)	21. Age at last birthday <u>21</u> (years)
13. Birthplace (city or place) (State or Country) <u>Sandpoint, Ida</u>	22. Birthplace (city or place) (State or Country) <u>Sandpoint, Ida</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housework</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Garage</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Self</u>
16. Date (month and year) last engaged in this work	25. Date (month and year) last engaged in this work
17. Total time (years) spent in this work <u>1 yr</u>	26. Total time (years) spent in this work <u>1 yr</u>

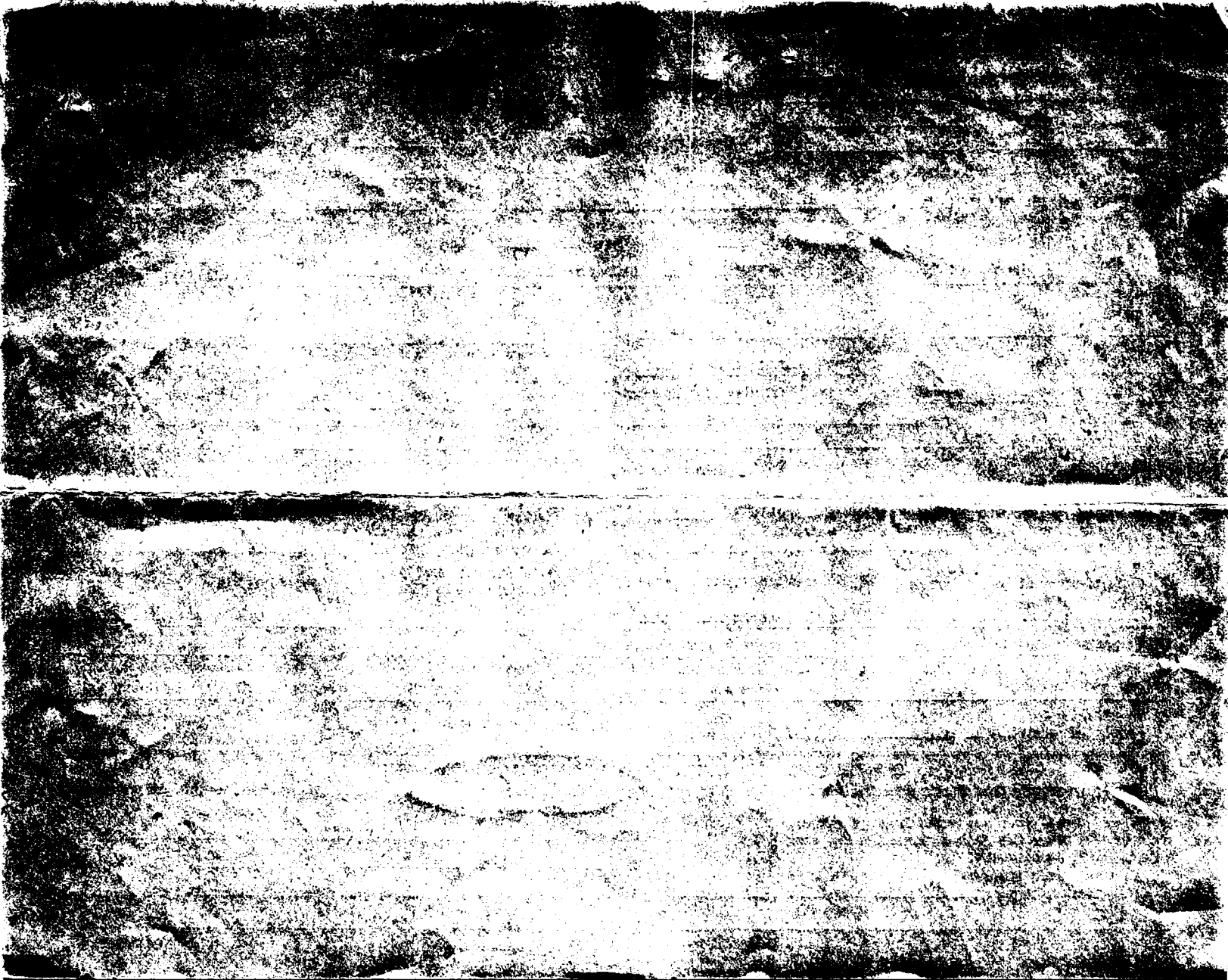
27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Seven { months or weeks }
30. Cause of Stillbirth Unknown { During labor or Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 11:40 P. M. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

(Signed) Wm F Tyler, M. D.
or _____, Midwife
Address Sandpoint, Idaho
Filed 6-1-, 1936 J. B. Evans
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonne
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 78

DO NOT WRITE IN THIS SPACE

98317

State File No.

MAY 11 1936 RECEIVED

Registration District No. 2155 Local Registrar's No. 237

(If death occurred in a hospital or institution, give the name instead of street and number)

2. FULL NAME Infant Nelson

(a) Residence. No. St.

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 21, 1936

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho

13. NAME Robert D. Nelson

14. BIRTHPLACE (city or town) (State or country) Idaho

15. MAIDEN NAME Alice Langsdorf

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT A. R. Nelson

(Address) Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Lakemore Date 4/21, 1936

19. UNDERTAKER Trumbull

(Address) Sandpoint

20. FILED Apr 21, 1936 W. F. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 21, 1936, to Apr. 21, 1936.

I last saw him alive on Apr. 21, 1936.

The principal cause of death and related causes of importance were as follows:

Torsion of umbilical cord around neck.

Death occurred several days before labor.

Other contributory causes of importance:

Name of operation clinical Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 193.

Where did injury occur? no (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. F. Evans M. D.

(Address) Sandpoint, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BIRTH

JUN 14 1936

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

242966

County of BonnerCity of Newport

No. _____ St. _____

Registration District No. 85

File No. _____

Hospital _____

Primary Registration District No. 2185Registered No. 17-36

FULL NAME OF CHILD

No name - Still Born premature

(Certificate of no value without full name of child.)

Sex of Child

MTwin
Triplet
or other?One

and

Number
in order
of birth1stLegiti-
mate?yesDate of
birth5-10-36

(Month) (Day) (Year)

What bactericidal solution was used in eyes? noneNumber of child of this mother, including present birth, 1stNumber of child of this mother now living, including present birth, nowFULL
NAMELin Clair Jos Phillips

FATHER

FULL
MAIDEN
NAMEDona Eliza Petterson

MOTHER

RESIDENCE

Newport Wash

RESIDENCE

Newport Wash

COLOR

WhiteAGE AT LAST
BIRTHDAY26

(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY22

(Years)

BIRTHPLACE

Calville Wash

BIRTHPLACE

Randport Ida

OCCUPATION

Laborer

OCCUPATION

Housewife Mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born premature 9A
on the date above stated. (born or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr. W. S. Bardwell

Physician or midwife

Give names added from a supplemental report.

Address

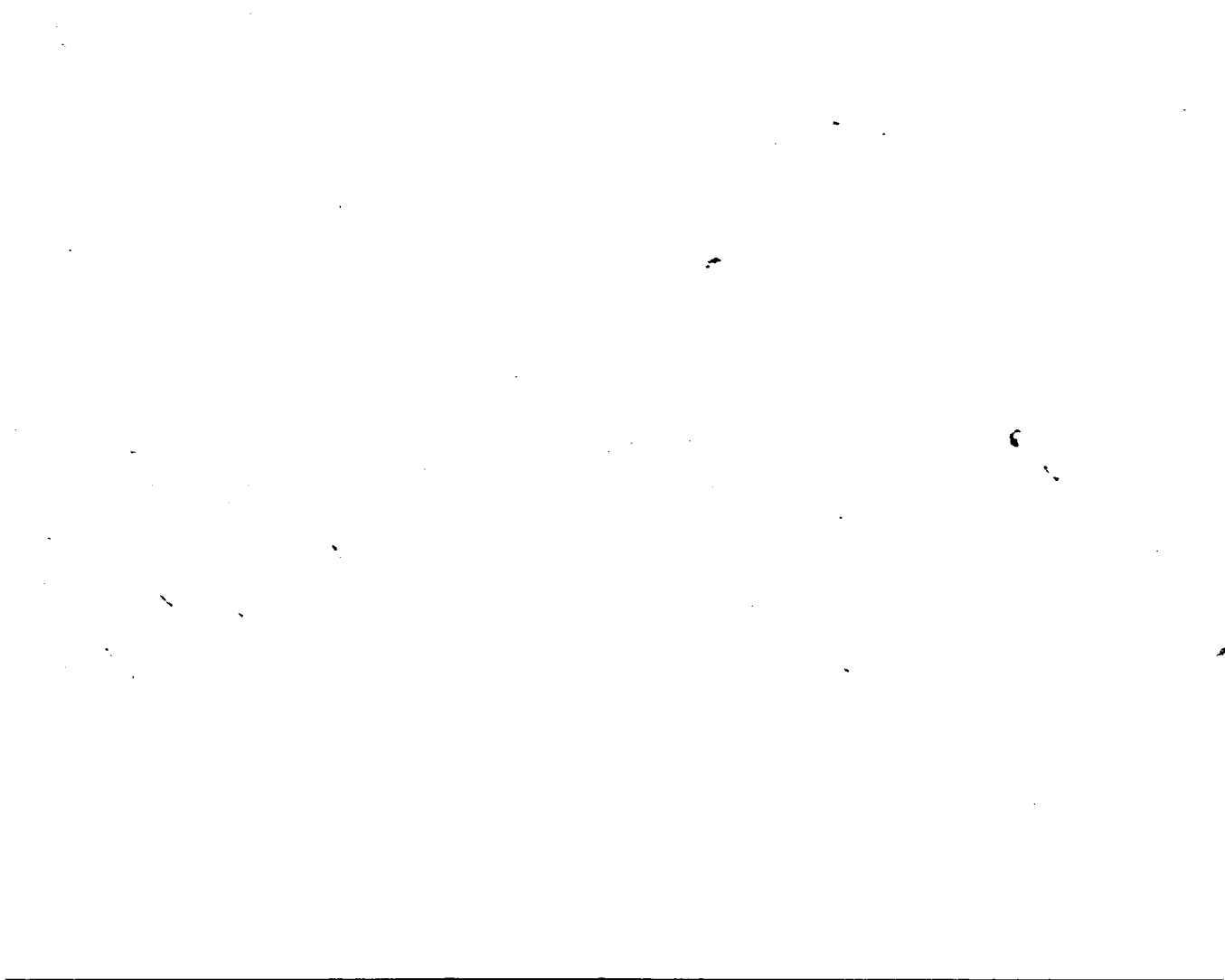
Filed

June 10 1936Barker Ross

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.



959 104 009 384
 1. PLACE OF BIRTH
 County of Gannett JUN 8 1936 STATE OF IDAHO
 City of Sandpoint, Id. DEPARTMENT OF PUBLIC WELFARE
 No. _____ St. BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH 242988

Registration District No. 78 State File No. _____
 (If born in hospital or institution give name.) Prim. Registration District No. 2155 Local Registrar's No. 46

2. FULL NAME OF CHILD Stillbirth Zelnicki

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legiti-
 mate? yes 8. Date of birth May 4 1936
 (Month, Day, Year)

9. Full name FATHER Gerhardt Zelnicki 18. Full name MOTHER Clara Thurlow

10. Residence (usual place of abode) Sandpoint 19. Residence (usual place of abode) Sandpoint
 (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 31 (years) 20. Color or race W 21. Age at last birthday 26 (years)

13. Birthplace (city or place) Brunton, Ill. 22. Birthplace (city or place) Stadling, Mich.
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Self

16. Date (month and year) last engaged in this work _____ 25. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work 10 yrs 26. Total time (years) spent in this work 6 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 8
 (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____
 { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:30 m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

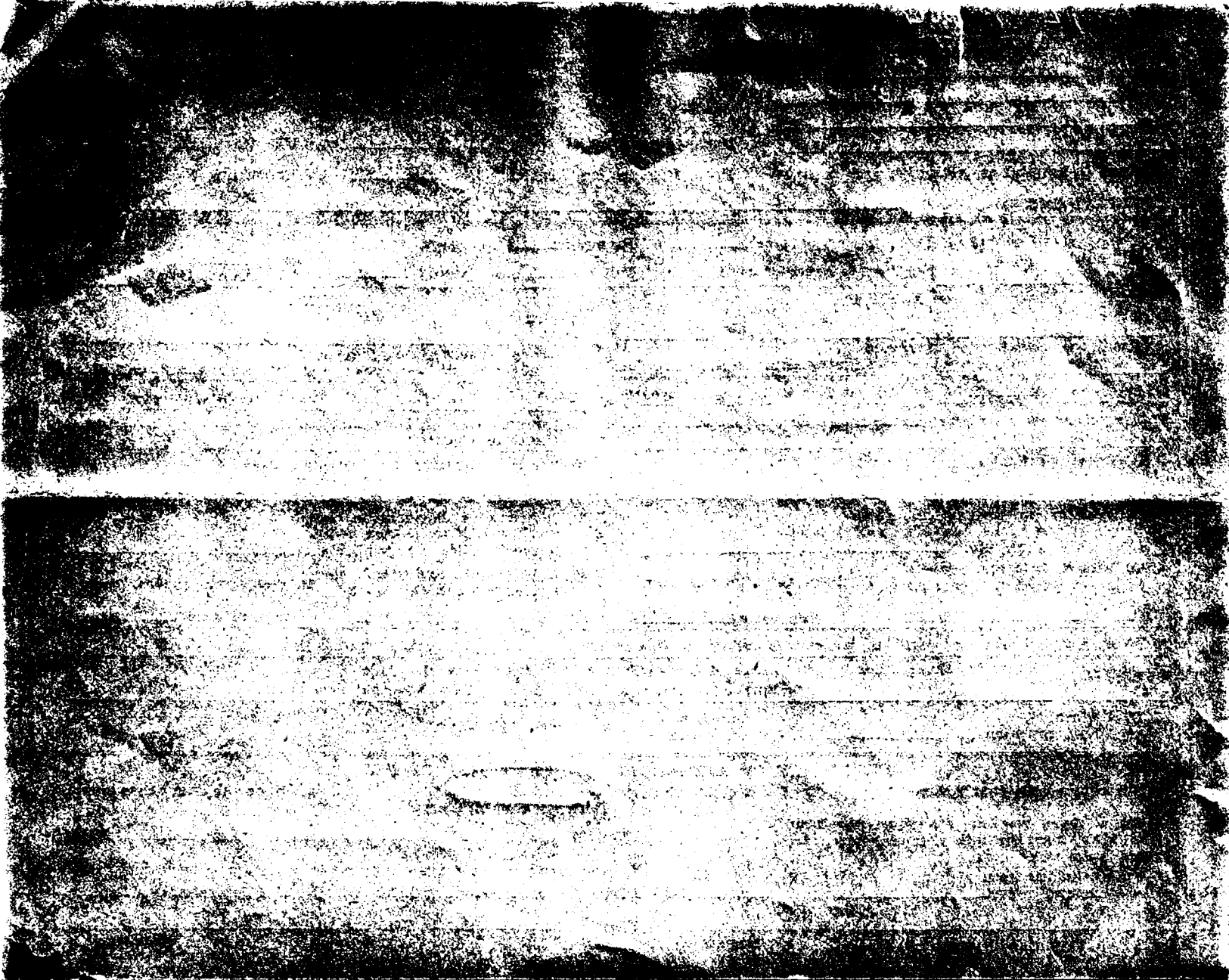
(Signed) Wm F Tyler, M. D. _____
 or _____ Midwife

Address Sandpoint, Idaho

Filed June 1, 1936 F. B. Evans
W. F. Registrar.

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98722

JUN 8 1936 RECEIVED

Registration District No. 78
Primary Registration District No. 2155

Local Registrar's No. 240

(No. 501 S. Lavina Ave)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Zielinski

(a) Residence. No. 501 S. Lavina Ave St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
May 4, 1936

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

13. NAME Arthur Zielinski
14. BIRTHPLACE (city or town) Princeton
(State or country) Minn
15. MAIDEN NAME Elizabeth Thurlow
16. BIRTHPLACE (city or town) Unknown
(State or country) Michigan

17. INFORMANT Arthur Zielinski
(Address) Sandpoint, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pinecrest Cemetery 5/6
Sandpoint, Idaho.

19. UNDERTAKER L. G. MOON
(Address) Sandpoint, Idaho.

20. FILED June 1, 1936 Dr. F. B. Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 4 1936

22. HEREBY CERTIFY, That I attended deceased from May 4, 1936, to May 4, 1936

I last saw him alive on May 4, 1936; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

6 1/2 x mag. factors
Stillborn
card ground rock
no other cause
known

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Wm. F. Tyler M. D.
(Address) Sandpoint Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

1. PLACE OF BIRTH		269-20-410-243		STATE OF IDAHO	
County of <u>Bannock</u>		1936		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Idaho Falls</u>				BIRTH AND VITAL STATISTICS	
No. <u>Memorial Drive</u> St.		Registration District No. <u>73</u>		State File No. <u>S 243034</u>	
<u>L.D. Hospital</u>					
(If born in hospital or institution give name.)		Prim. Registration District No. <u>214-2</u>		Local Registrar's No. <u>283</u>	
2. FULL NAME OF CHILD <u>Still Born</u>					
3. Sex <u>female</u>	If plural births {	4. Twin, triplet, or other.	6. Premature <u>5 months</u> gestation	8. Date of birth <u>6-1</u> 193 <u>6</u>	
		5. Number, in order of birth	Full term	mate? <u>yes</u>	(Month, Day, Year)
FATHER			MOTHER		
9. Full name <u>Jerome Keller</u>			18. Full maiden name <u>E. Lucie Back</u>		
10. Residence (usual place of abode) <u>20th Lee Ave. Idaho Falls, Ida.</u>			19. Residence (usual place of abode) <u>20th Lee Ave Idaho Falls, Ida.</u>		
(If non-resident, give place and State)			(If non-resident, give place and State)		
11. Color or race <u>white</u>			20. Color or race <u>white</u>		
12. Age at last birthday <u>33</u> (years)			21. Age at last birthday <u>30</u> (years)		
13. Birthplace (city or place) <u>Mink Creek Idaho</u>			22. Birthplace (city or place) <u>Idaho Falls Idaho</u>		
(State or Country)			(State or Country)		
OCCUPATION			OCCUPATION		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Rens Park</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>		
16. Date (month and year) last engaged in this work <u>6-1-36</u> , 19 <u>36</u>			25. Date (month and year) last engaged in this work <u>6-1-</u> , 19 <u>36</u>		
17. Total time (years) spent in this work <u>3 months</u>			26. Total time (years) spent in this work <u>3 yrs</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?					
28. Number of children of this mother (At time of this birth and including this child)					
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>5 months</u> { months or weeks					
30. Cause of stillbirth { Before labor. During labor.					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Still born</u> at <u>7 P.</u> m. on the date above stated.					
(Born Alive or Stillborn)					
(Signed) <u>H. Ray Hatch</u> , M. D.					
or _____, Midwife					
Address <u>Idaho Falls, Idaho</u>					
Filed <u>June 3</u> , 193 <u>6</u> <u>Guy Fournard</u>					
Registrar.					

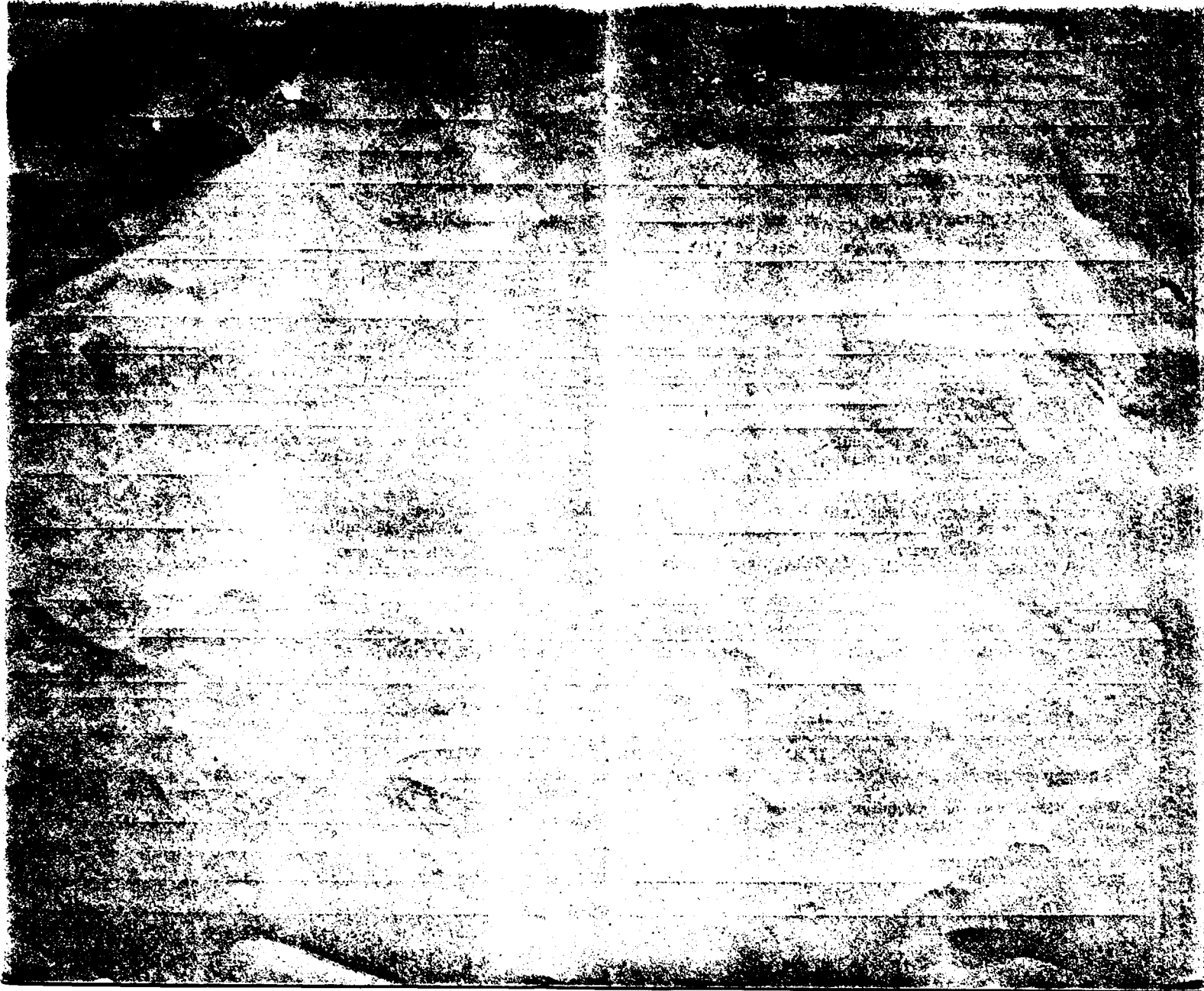
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville
City of Albion Falls

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98730

Registration District No. 73

Primary Registration District No. 212-0

Local Registrar's No. 96

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Still Born

(a) Residence. No. L. D. I. Hospital St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) June 1, 1936
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albion Falls (State or country) Idaho

13. NAME Jerome Keller

14. BIRTHPLACE (city or town) Mink Creek (State or country) Idaho Falls, Idaho

15. MAIDEN NAME Elsie Buck

16. BIRTHPLACE (city or town) Albion Falls (State or country) Idaho

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date June 1, 1936

19. UNDERTAKER (Address)

20. FILED June 1, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-1-1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 1, 1936.
~~I last saw him alive on June 1, 1936; death is said to have occurred on the date stated above, at _____ m.~~
The principal cause of death and related causes of importance were as follows:

Still born
5 month fetus

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193...

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) H. H. Hatch M. D.
(Address) Albion Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		243128	
County of <u>Canyon</u>		JUN 12 1936 RECEIVED		CITY OF <u>Caldwell</u>		CERTIFICATE OF BIRTH		S	
No. _____ St. _____		Registration District No. <u>1</u>		State File No. _____		Prim. Registration District No. <u>1005</u>		Local Registrar's No. <u>117</u>	
(If born in hospital or institution give name.)		Memorial Park Hspt.							
2. FULL NAME OF CHILD <u>Stillborn</u>									
3. Sex <u>Female</u>		If plural births { 4. Twin, triplet, or other _____		6. Premature <input checked="" type="checkbox"/> Full term _____		7. Legitimate? <input checked="" type="checkbox"/> _____		8. Date of birth <u>June 2, 1936</u> (Month, Day, Year)	
5. Number, in order of birth _____									
FATHER					MOTHER				
9. Full name <u>Jack Staught</u>					18. Full maiden name <u>Mary Lucille Harris</u>				
10. Residence (usual place of abode) <u>Caldwell, Ida.</u> (If non-resident, give place and State)					19. Residence (usual place of abode) <u>Caldwell, Ida.</u> (If non-resident, give place and State)				
11. Color or race <u>Wh.</u>					20. Color or race <u>Wh.</u>				
12. Age at last birthday <u>27</u> (years)					21. Age at last birthday <u>18</u> (years)				
13. Birthplace (city or place) <u>Reno Missouri</u> (State or Country)					22. Birthplace (city or place) <u>Enterprise Ore.</u> (State or Country)				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H. W.</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Construction work</u>					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>				
16. Date (month and year) last engaged in this work _____					25. Date (month and year) last engaged in this work <u>Present, 1936</u>				
17. Total time (years) spent in this work <u>2 yrs</u>					26. Total time (years) spent in this work <u>3 yrs</u>				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____									
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>									
29. If stillborn, period of gestation <u>6</u> months <u>weeks</u>									
30. Cause of Stillbirth <u>Premature</u> During labor _____ Before labor _____									

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12 15 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

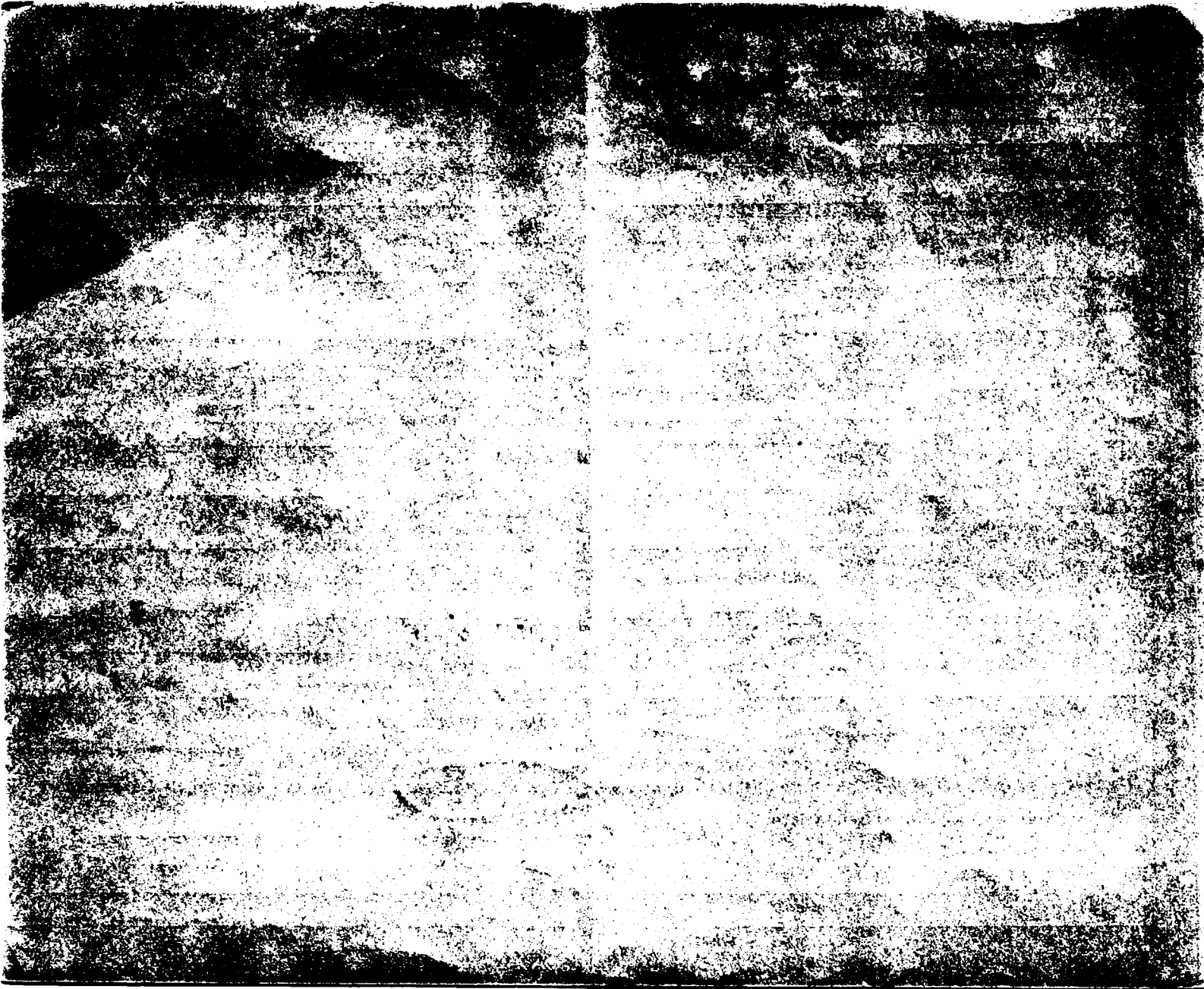
(Signed) A. D. Newberry, M. D.

or _____, Midwife

Address Caldwell, Idaho

Filed 6-9, 1936 W. Montgomery

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1
Primary Registration District No. 1005

DO NOT WRITE IN THIS SPACE

State File No. 98760

Local Registrar's No. 88

JUN 12 1936 RECEIVED
(No. _____)
If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. Caldwell, Ida St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) _____
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hra. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____
OCCUPATION

12. BIRTHPLACE (city or town) Caldwell (State or country) Ida

13. NAME Jack Stought

14. BIRTHPLACE (city or town) Paris, Miss (State or country)

15. MAIDEN NAME Mrs. J. C. Harris

16. BIRTHPLACE (city or town) Enterprise, Cal (State or country)

17. INFORMANT Mrs. Jack Stought (Address) 128 E. 3rd

18. BURIAL, CREMATION OR REMOVAL Caldwell Date 1936

19. UNDERTAKER C. V. Peckham (Address) Caldwell, Ida

20. FILED 6-10, 1936 J. W. Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-2 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936, to June 7, 1936

I last saw him alive on _____, 1936: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Steer born
Premature
6 mo.

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If specify _____

(Signed) A. C. Newberry M. D.

(Address) Caldwell, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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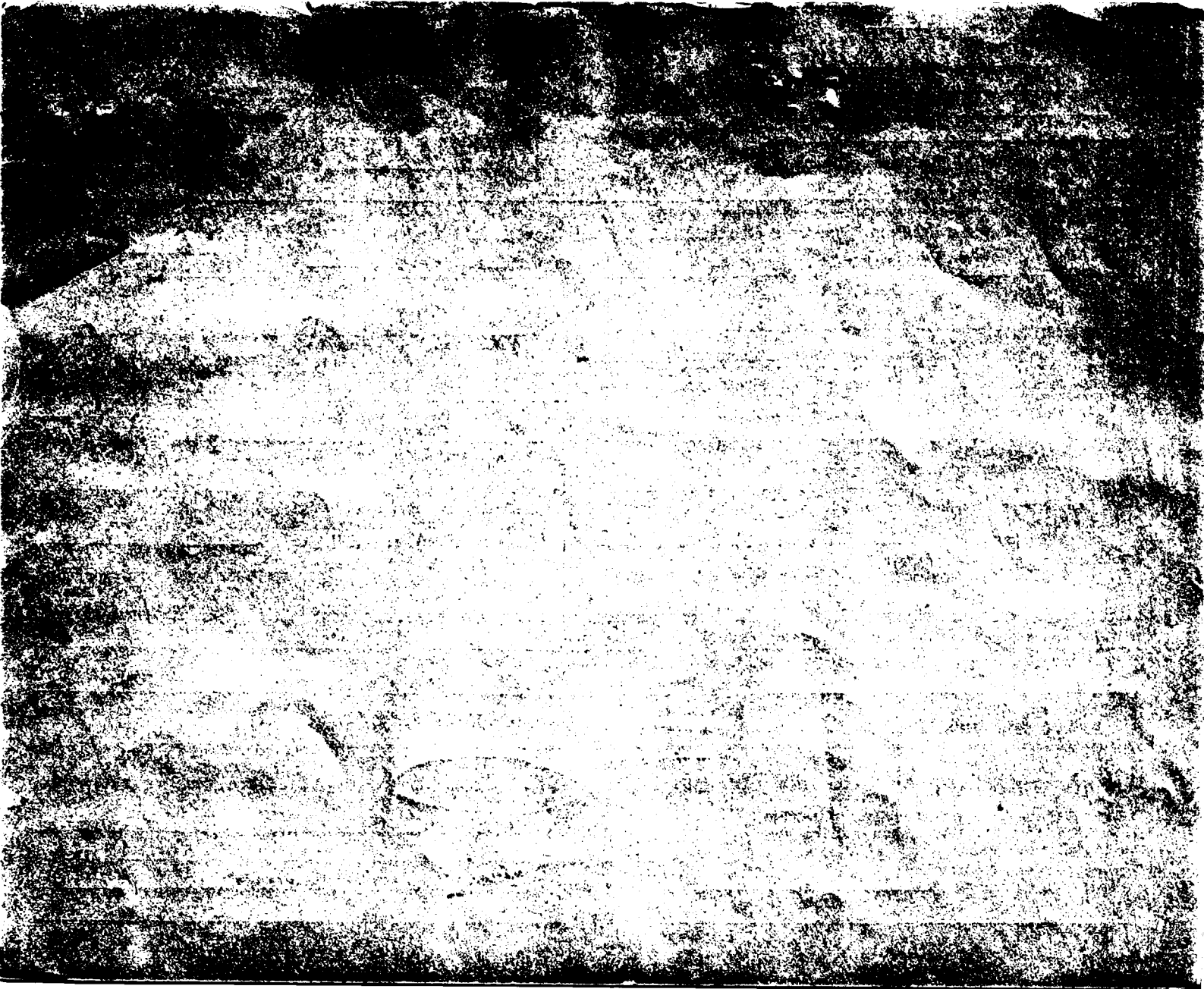
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Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QUOQUA-TION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98761Registration District No. 1Primary Registration District No. 1005Local Registrar's No. 89

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bessie May O'Neal(a) Residence. No. Caldwell #3

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 6/1/36

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho13. NAME J. L. O'Neal14. BIRTHPLACE (city or town) Uniontown
(State or country) Missouri15. MAIDEN NAME Mary Evans16. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho17. INFORMANT J. O'Neal
(Address) Caldwell #318. BURIAL, CREMATION OR REMOVAL Interment
Place Idaho Date 6-2-3619. UNDERTAKER W. H. H. H. H.
(Address) Caldwell, Idaho20. FILED 6-10-36 W. H. H. H.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/1 193622. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 1, 1936I last saw her alive on 8, 1936; death is saidto have occurred on the date stated above, at 7-45 P. m.

The principal cause of death and related causes of importance were as follows:

Premature and it died in utero. membranes broken and released with other contributory causes of importance: much labor. No pulse in cord.

Date of onset

Name of operation none Date of _____What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) E. R. H. H. H. M. D.(Address) Caldwell, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of child stated.

266-215,014-281

1. PLACE OF BIRTH
County of Parma
City of Parma
No. Stetson Hospital
(If born in hospital or institution give name.)

JUN 5 1936 RECEIVED

STATE OF OHIO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

2431424
S

Registration District No. 1007 State File No. 1
Prim. Registration District No. 3 Local Registrar's No. 271

2. FULL NAME OF CHILD Stillborn Bowen

3. Sex Female 4. Twin, triplet, or other..... 5. Number, in order of birth..... 6. Premature..... 7. Legitimate..... 8. Date of birth 4/15, 1936
(Month, Day, Year)

9. Full name FATHER
Albert Lewis Bowen

18. Full name MOTHER
Ora Ellen Shaul

10. Residence (usual place of abode)
(If non-resident, give place and State) Wesley, Mo.

19. Residence (usual place of abode)
(If non-resident, give place and State) Wesley, Mo.

11. Color of hair White 12. Age at last birthday 20 (years)

20. Color of hair White 21. Age at last birthday 20 (years)

13. Birthplace (city or place)
(State or country) Idaho

22. Birthplace (city or place)
(State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpenter helper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work 4/15, 1936

25. Date (month and year) last engaged in this work 4/14, 1936

17. Total time (years) spent in this work 1 year

26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Stillborn

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation Term months or weeks 30. Cause of stillbirth Ablatio Placentae

Before labor Yes During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. M. Mitchell, M. D.

Give name added from a supplemental report.....

or....., Midwife

(Date of)

Address Parma, Idaho

Filed 6-4, 1936 Edhel Juries

Registrar.

Registrar.

Investigation Report No. 100-100000-100000

1. Name of Subject: [illegible]
2. Date of Birth: [illegible]
3. Sex: [illegible]
4. Race: [illegible]
5. Height: [illegible]
6. Weight: [illegible]
7. Eyes: [illegible]
8. Hair: [illegible]
9. Complexion: [illegible]
10. Other: [illegible]

11. Place of Birth: [illegible]
12. Date of Birth: [illegible]
13. Date of Arrival: [illegible]
14. Date of Departure: [illegible]
15. Date of Return: [illegible]
16. Date of Death: [illegible]
17. Date of Burial: [illegible]
18. Date of Cremation: [illegible]
19. Date of Interment: [illegible]
20. Date of Exhumation: [illegible]
21. Date of Reinterment: [illegible]
22. Date of Reburial: [illegible]
23. Date of Reinterment: [illegible]
24. Date of Reburial: [illegible]
25. Date of Reinterment: [illegible]
26. Date of Reburial: [illegible]
27. Date of Reinterment: [illegible]
28. Date of Reburial: [illegible]
29. Date of Reinterment: [illegible]
30. Date of Reburial: [illegible]

31. Date of Reinterment: [illegible]
32. Date of Reburial: [illegible]
33. Date of Reinterment: [illegible]
34. Date of Reburial: [illegible]
35. Date of Reinterment: [illegible]
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43. Date of Reinterment: [illegible]
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45. Date of Reinterment: [illegible]
46. Date of Reburial: [illegible]
47. Date of Reinterment: [illegible]
48. Date of Reburial: [illegible]
49. Date of Reinterment: [illegible]
50. Date of Reburial: [illegible]

1. Name of Subject: [illegible]
2. Date of Birth: [illegible]
3. Sex: [illegible]
4. Race: [illegible]
5. Height: [illegible]
6. Weight: [illegible]
7. Eyes: [illegible]
8. Hair: [illegible]
9. Complexion: [illegible]
10. Other: [illegible]

11. Place of Birth: [illegible]
12. Date of Birth: [illegible]
13. Date of Arrival: [illegible]
14. Date of Departure: [illegible]
15. Date of Return: [illegible]
16. Date of Death: [illegible]
17. Date of Burial: [illegible]
18. Date of Cremation: [illegible]
19. Date of Interment: [illegible]
20. Date of Exhumation: [illegible]
21. Date of Reinterment: [illegible]
22. Date of Reburial: [illegible]
23. Date of Reinterment: [illegible]
24. Date of Reburial: [illegible]
25. Date of Reinterment: [illegible]
26. Date of Reburial: [illegible]
27. Date of Reinterment: [illegible]
28. Date of Reburial: [illegible]
29. Date of Reinterment: [illegible]
30. Date of Reburial: [illegible]

31. Date of Reinterment: [illegible]
32. Date of Reburial: [illegible]
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35. Date of Reinterment: [illegible]
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37. Date of Reinterment: [illegible]
38. Date of Reburial: [illegible]
39. Date of Reinterment: [illegible]
40. Date of Reburial: [illegible]
41. Date of Reinterment: [illegible]
42. Date of Reburial: [illegible]
43. Date of Reinterment: [illegible]
44. Date of Reburial: [illegible]
45. Date of Reinterment: [illegible]
46. Date of Reburial: [illegible]
47. Date of Reinterment: [illegible]
48. Date of Reburial: [illegible]
49. Date of Reinterment: [illegible]
50. Date of Reburial: [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 5 1936 RECEIVED

County of Clearwater
City of Orofino
No. Burns Hosp St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other. ✓ 5. Number, in order of birth. ✓ 6. Premature yes Full term no 7. Legitimate? yes 8. Date of birth May - 5th 1936 (Month, Day, Year)

9. Full name Bernard Hopwood FATHER

10. Residence (usual place of abode) Brangemont (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 36 (years)

13. Birthplace (city or place) Toledo Ohio (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor of School

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Teaching

16. Date (month and year) last engaged in this work now 19 17. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 5 1/2 mo { months or weeks 30. Cause of stillbirth abnormal Before labor yes During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 am m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 243196

Registration District No. 90 State File No. S
Prim. Registration District No. 2187 Local Registrar's No. 72

9. Full name Bernard Hopwood FATHER

10. Residence (usual place of abode) Brangemont (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 36 (years)

13. Birthplace (city or place) Toledo Ohio (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor of School

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Teaching

16. Date (month and year) last engaged in this work now 19 17. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 5 1/2 mo { months or weeks 30. Cause of stillbirth abnormal Before labor yes During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 am m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

Registrar.

18. Full maiden name Jerry Rupp MOTHER

19. Residence (usual place of abode) Brangemont Ida (If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 36 (years)

22. Birthplace (city or place) Whitehorse Ohio (State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓

25. Date (month and year) last engaged in this work ✓ 19 26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 5 1/2 mo { months or weeks 30. Cause of stillbirth abnormal Before labor yes During labor ✓

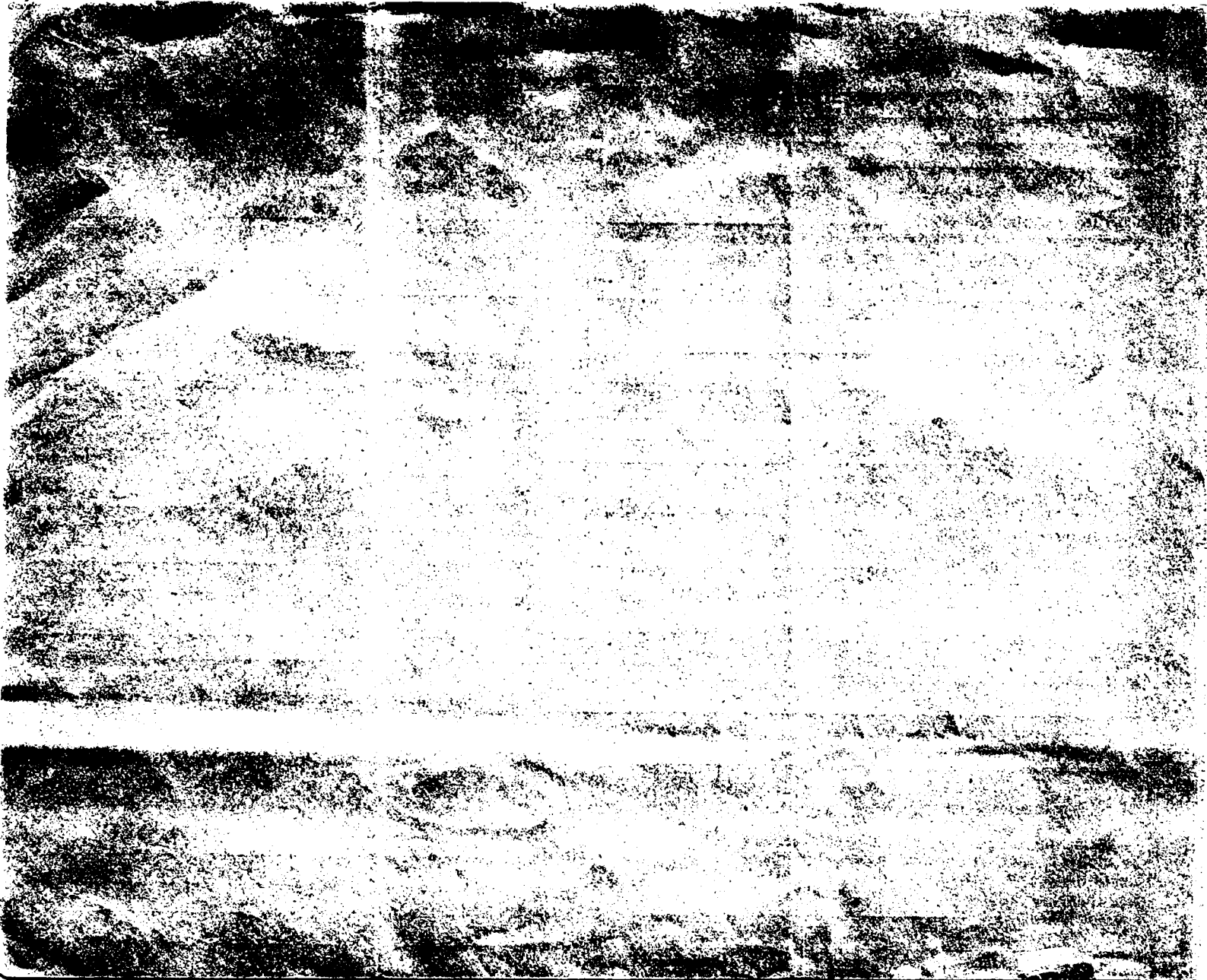
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 am m. on the date above stated. (Born Alive or Stillborn)

(Signed) J. H. Peterson, M. D.

or Orofino Idaho, Midwife
Address 5730, 1936 W. A. Schan

Filed 5730, 1936 W. A. Schan Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 5 1936 RECEIVED

STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

County of *Clearwater*

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. **98797**City of *Orofino*Registration District No. *90*Primary Registration District No. *2117*Local Registrar's No. *77*(No. *706*
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME *Stillborn*(a) Residence. No. *St.*(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. Single, Married, Widowed, or Divorced (write the word) *baby*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *stillborn*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
*stillborn*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *✓*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *✓*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *✓*12. BIRTHPLACE (city or town) (State or country) *Burns Hook Idaho*13. NAME *stillborn Binard*14. BIRTHPLACE (city or town) (State or country) *Idaho*15. MAIDEN NAME *Fanny Rupp*16. BIRTHPLACE (city or town) (State or country) *Whitehorse Idaho*17. INFORMANT (Address) *Father*18. BURIAL, CREMATION, OR REMOVAL Place *Burns Hook* Date *7/5*, 193619. UNDERTAKER (Address) *Hayward*20. FILED *6730*, 1936 *H. A. Shan* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *5-5-1936*22. I HEREBY CERTIFY, That I attended deceased from *stillborn*, 1936I last saw him alive on *✓*, 1936; death is said to have occurred on the date stated above, at *m.*
The principal cause of death and related causes of importance were as follows:*Nephritis in mother*

Other contributory causes of importance:

Name of operation *✓* Date of *✓*What test confirmed diagnosis? *✓* Was there an autopsy? *✓*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *✓* Date of injury *✓*, 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *✓*Manner of injury *✓*Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*(Signed) *H. A. Shan* M. D.(Address) *Orofino Idaho*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

JUN 5 1936 RECEIVED

Breed-
6 mo
Placenta
PrairaSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

243197

31
361. PLACE OF BIRTH
County of Clearwater
City of Orfino
No. Burns Hoop St.Registration District No. 20 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2157 Local Registrar's No. 79

2. FULL NAME OF CHILD

Stillborn3. Sex Female If plural births { 4. Twin, triplet, or other ✓ 6. Premature Yes 7. Legiti- mate? no 8. Date of birth May 10 1936 (Month, Day, Year)9. Full name FATHER Miller, Ralph Roberts 18. Full maiden name MOTHER Elizabeth - Hugenin10. Residence (usual place of abode) Grass Lake 19. Residence (usual place of abode) Grass Lake
(If non-resident, give place and State)11. Color or race White 12. Age at last birthday 19 (years) 20. Color or race White 21. Age at last birthday 21 (years)13. Birthplace (city or place) Kendrick Idaho 22. Birthplace (city or place) Washington
(State or Country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓16. Date (month and year) last engaged in this work now 17. Total time (years) spent last engaged in this work Just started 25. Date (month and year) last engaged in this work 6, 1936 26. Total time (years) spent last engaged in this work _____27. What prophylactic was used to prevent Ophthalmia Neonatorum? 228. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 329. If stillborn, period of gestation 5 1/2 months or weeks { 30. Cause of stillbirth unknown Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

330

I hereby certify that I attended the birth of this child, who was Stillborn at 2 a m on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. A. Shaw, M. D.

or _____, Midwife

Address Orfino IdahoFiled 5/30, 1936 W. A. Shaw Registrar.

(Date of)

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 5 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
PLACE OF DEATH
County of Clearwater
City of Orfino
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98798

Registration District No. 20
Primary Registration District No. 21.17

Local Registrar's No. 75

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME still born

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) ✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE still born
Years _____ Months _____ Days _____
If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Orfino Idaho

13. NAME still born

14. BIRTHPLACE (city or town) (State or country) Idaho

15. MAIDEN NAME Elizabeth Hegeron

16. BIRTHPLACE (city or town) (State or country) Washington Oregon

17. INFORMANT (Address) Father

18. BURIAL, CREMATION, OR REMOVAL

Place Orfino Date 5/10, 1936

19. UNDERTAKER (Address) Robert Falk Orfino

20. FILED 5/30, 1936 V. A. Shaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 5-10-1936

22. I HEREBY CERTIFY, That I attended deceased from still born, 1936

I last saw him alive on _____, 1936: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows: still born

Date of onset

Other contributory causes of importance: ✓

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 5/10, 1936Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) W. A. Shaver, M. D.(Address) Orfino Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOOD AND DRUG INSPECTION
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
SANITARY ENGINEER
BUREAU OF CHILD HYGIENE
VITAL STATISTICS

J. D. DUNSHEE, M.D.
PUBLIC HEALTH ADVISOR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO

INSTITUTIONS

IDAHO SOLDIER'S HOME - - - BOISE
STATE HOSPITAL NORTH - - OROFINO
STATE SCHOOL AND COLONY - NAMPA
STATE HOSPITAL SOUTH - BLACKFOOT

C. BEN ROSS, GOVERNOR
LEWIS WILLIAMS, COMMISSIONER

June 20, 1936

Dr. W.F. Robertson,
Orofino, Idaho.

JUN 22 1936 RECEIVED

Dear Dr. Robertson:

On the birth record of a baby daughter born to
Willis Ralph Roberts and Elizabeth Hugenin of
Greer, it states the child is "Illegitimate".
The baby's name given on the certificate is
"Roberts". If this child was born out of wed-
lock it should have the name Hugenin.

May we have your permission to change the name
on the certificate?

Oked W.F. Robertson

Very truly yours,

BUREAU OF VITAL STATISTICS

Pearl Dillingham
PEARL DILLINGHAM
STATE REGISTRAR

PBA

*They were married later,
W.F. Robertson*

6/22/36

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 243287

1. PLACE OF BIRTH
County of Idaho
City of Cottonwood
No. Q. of Consolation St. Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn (Barbara Rae Nelson)

3. Sex Female **4. Twin, triplet, or other** _____ **5. Number, in order of birth** _____
6. Premature _____ **7. Legitimate** yes **8. Date of birth** May 14, 1936
(Month, Day, Year)

9. Full name Mr. Charles Nelson **FATHER** **18. Full maiden name** Louisa Mae Eller **MOTHER**
10. Residence (usual place of abode) White Bird **19. Residence (usual place of abode)** White Bird, Ida.
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race X **12. Age at last birthday** 25 (years) **20. Color or race** X **21. Age at last birthday** 28 (years)
13. Birthplace (city or place) White Bird, Idaho **22. Birthplace (city or place)** Moscow, Idaho
(State or Country) (State or Country)

OCCUPATION **14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** No work **23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.** Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. just now **24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.** _____
16. Date (month and year) last engaged in this work _____ **17. Total time (years) spent in this work** _____ **25. Date (month and year) last engaged in this work** _____ **26. Total time (years) spent in this work** _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1

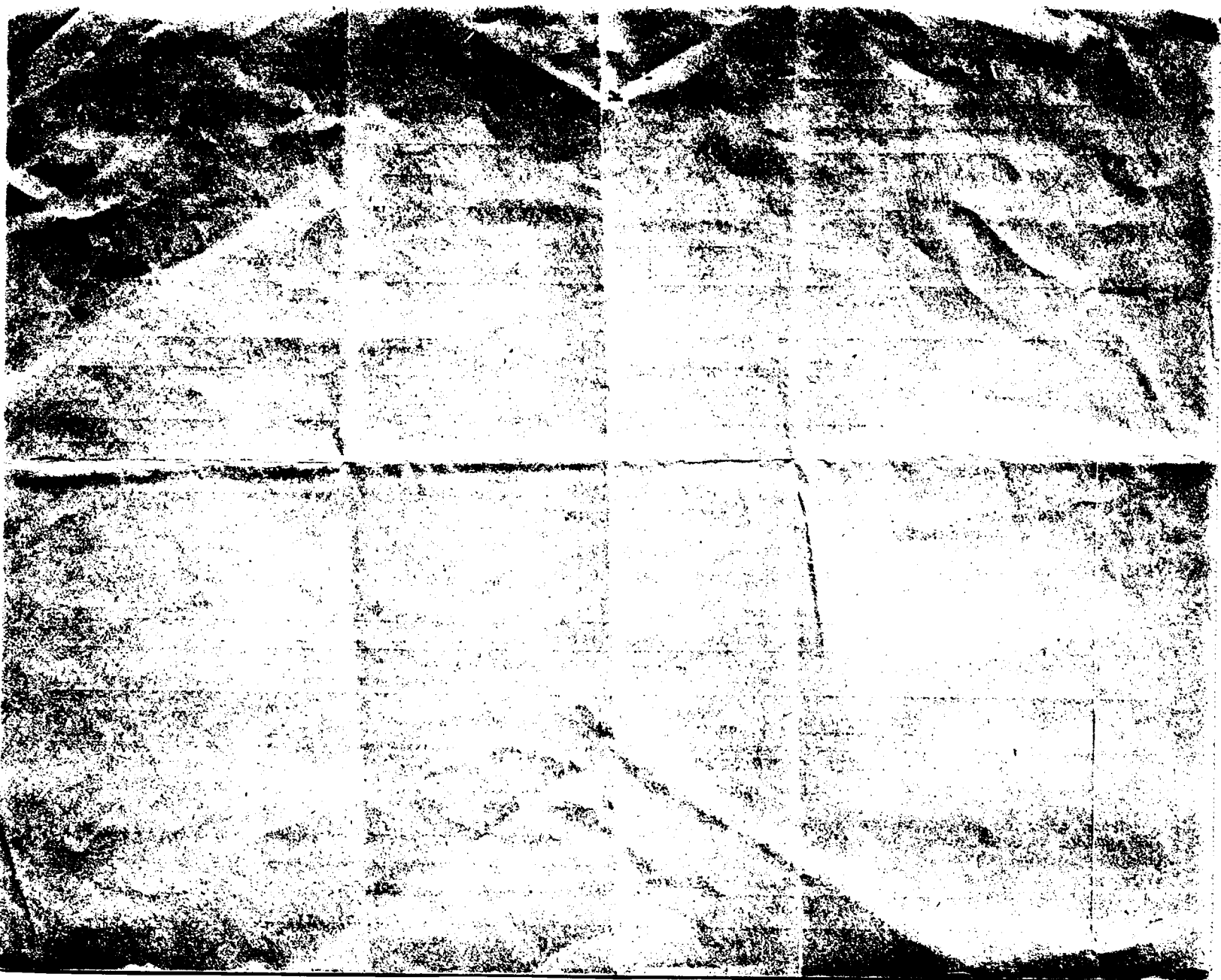
29. If stillborn, period of gestation _____ { months or weeks } **30. Cause of stillbirth** _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:35 P. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Dr. J. A. Hewlwright, M. D.
or _____, Midwife
Address Changewater, Idaho
Filed May 31, 1936 H. F. Orr
per D. B. Registrar.



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUN 16 1936 RECEIVED		STATE OF ID.	
PLACE OF DEATH		DEPARTMENT OF PUBLIC HEALTH	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS	
County of <u>Idaho</u>		State File No. <u>98836</u>	
City of <u>Cottonwood,</u>		Registration District No.	
Primary Registration District No.		Local Registrar's No. <u>88</u>	
(No. <u>Cottonwood, Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number)	
2. FULL NAME <u>Bonita Rae Nelson</u>			
(a) Residence. No. <u>Whitebird, Idaho</u>		St.	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs.		mos. ds.	
How long in U. S., if of foreign birth? yrs.		mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)	
<u>Female</u>	<u>White</u>	<u>Single</u>	
5a. If married, widowed, or divorced			
HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
<u>May. 14, 1936</u>			
7. AGE	Years	Months	Days
<u>Stillborn</u>			If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (mo. and yr.)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country)			
<u>Cottonwood, Idaho</u>			
13. NAME <u>Charles Nelson</u>			
14. BIRTHPLACE (city or town) (State or country)			
<u>Whitebird, Idaho</u>			
15. MAIDEN NAME <u>Lora Eller</u>			
16. BIRTHPLACE (city or town) (State or country)			
<u>Moscow, Idaho</u>			
17. INFORMANT <u>Charles Nelson</u>			
(Address) <u>Whitebird, Idaho</u>			
18. BURIAL, CREMATION OR REMOVAL			
Place <u>Whitebird, Ida</u> Date <u>5/15</u> , 1936			
19. UNDERTAKER <u>Glenn Ailor</u>			
(Address) <u>Grangeville, Idaho</u>			
20. FILED <u>5-14</u> , 1936 <u>M. F. Orr</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year)			
<u>May 14 1936</u>			
22. I HEREBY CERTIFY, That I attended deceased from			
<u>May 14</u> , 1936, to <u>May 18</u> , 1936.			
I last saw him alive on <u>May 14</u> , 1936. Death is said to have occurred on the date stated above, at <u>7:30</u> a.m.			
The principal cause of death and related causes of importance were as follows:			
<u>Asphyxia Palleta</u>			
Date of onset			
Other contributory causes of importance:			
<u>Asphyxia due to flat pelvis</u>			
Name of operation <u>Union</u> Date of <u>May 19</u>			
What test confirmed diagnosis? <u>ch</u> Was there an autopsy? <u>no</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury, 1936.			
Where did injury occur? (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so specify			
(Signed) <u>L. W. Hulbert</u> M. D.			
(Address) <u>Grangeville</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

391

1. PLACE OF BIRTH Jefferson Roberts St.

Quantity of _____

City of _____

No. _____

(If born in hospital or institution give name.) _____

2. FULL NAME OF CHILD Cramer

3. Sex m If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate yes

8. Date of birth 1 7 1936 (Month, Day, Year)

9. Full name Harold Eldon Cramer FATHER

10. Residence (usual place of abode) Roberts (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Idaho (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work Life

18. Full maiden name Luella Eldon Green MOTHER

19. Residence (usual place of abode) Roberts (If non-resident, give place and State)

20. Color or race W 21. Age at last birthday 19 (years)

22. Birthplace (city or place) Idaho (State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____

30. Cause of Stillbirth Unknown { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

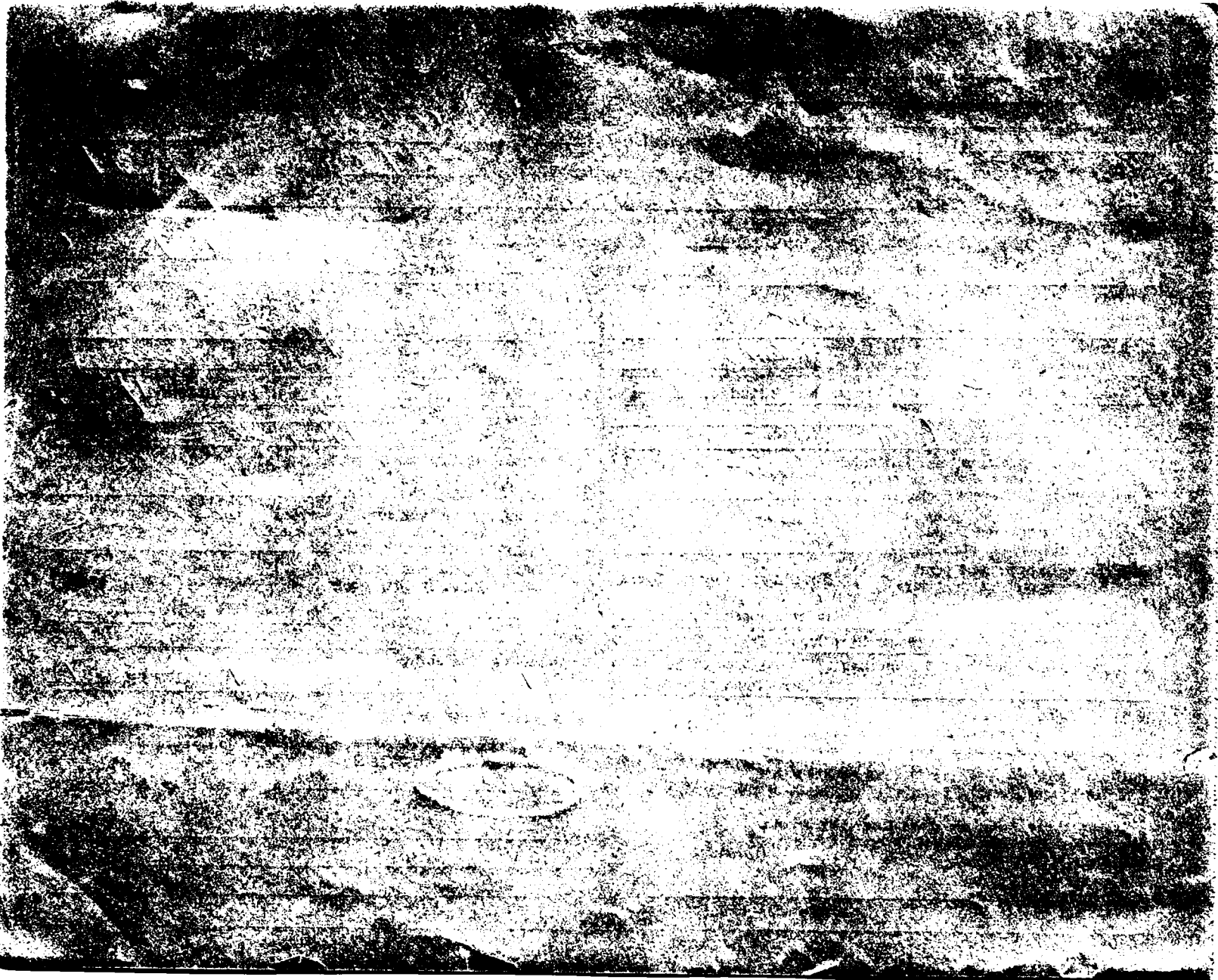
I hereby certify that I attended the birth of this child, who was Still born at 6:30 a.m. on the date above stated. (Born Alive or Stillborn)

(Signed) Robert J. Jones M. D.

or _____ Midwife

Address Roberts Idaho

Filed JUN 10 1936 Roberts Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Jerome, Idaho</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Jerome, Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>795 715 027 234</u>		JUN 12 1936 RECEIVED	
St. _____		CERTIFICATE OF BIRTH	
Registration District No. _____		State File No. <u>243338</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>18</u> Local Registrar's No. <u>S</u>	
2. FULL NAME OF CHILD <u>unnamed</u>			
3. Sex <u>Male</u>		8. Date of birth <u>Apr. 15, 1936</u>	
If plural births {		7. Legiti- mate? <u>yes</u>	
4. Twin, triplet, or other. _____		Full term _____	
5. Number, in order of birth <u>1</u>		(Month, Day, Year)	
6. Premature <u>X</u>			
9. Full name <u>FATHER</u>		18. Full maiden name <u>MOTHER</u>	
10. Residence (usual place of abode) <u>Jerome, Ida.</u>		19. Residence (usual place of abode) <u>Jerome, Ida.</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>28</u> (years)		21. Age at last birthday <u>28</u> (years)	
13. Birthplace (city or place) <u>Not known</u>		22. Birthplace (city or place) <u>Marysville, Kansas</u>	
(State or Country)		(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>Apr. 15, 1936</u>		25. Date (month and year) last engaged in this work <u>Apr. 15, 1936</u>	
17. Total time (years) spent in this work <u>9 yrs</u>		26. Total time (years) spent in this work <u>7 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>10% Arginal</u>			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>6 1/2</u> months or weeks		30. Cause of Stillbirth <u>Premature</u> (Before labor <u>X</u> During labor _____)	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9:20</u> a.m. on the date above stated.			
(Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>Dr. E. T. Rees</u> , M. D.	
Give name added from a supplemental report _____		or _____, Midwife	
(Date of) _____		Address <u>Jerome, Idaho</u>	
Registrar. _____		Filed <u>5-15</u> , 193 <u>6</u> <u>C. F. Zeller</u> Registrar.	

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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Jerome, Idaho</u>		CERTIFICATE OF DEATH		State File No. <u>98433</u>	
City of <u>Jerome, Idaho</u>					
Registration District No. _____		Primary Registration District No. _____		Local Registrar's No. _____	
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Unnamed Greenfield</u>					
(a) Residence. No. _____		St. <u>Jerome Idaho</u>		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>April 15-36</u>					
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.	
	<u>X</u>	<u>X</u>	<u>X</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) (State or country) <u>Jerome Idaho</u>					
MOTHER FATHER	13. NAME <u>Gordon Greenfield</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Lenape Kansas</u>				
	15. MAIDEN NAME <u>Margaret Stump</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Kansas</u>				
17. INFORMANT <u>Gordon Greenfield</u> (Address) _____					
18. BURIAL, CREMATION OR REMOVAL <u>on Ranch</u> <u>1 1/2 S. 1/4 E. 1/4 Sec. 36</u> Date <u>4-15, 1936</u>					
19. UNDERTAKER <u>D. H. Harrison</u> (Address) <u>Jerome</u>					
20. FILED <u>4/13, 1936</u> <u>C. F. Zeller</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>April 15 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>April 15, 1936</u> , to <u>April 15, 1936</u> . I last saw him alive on <u>April 15, 1936</u> . death is said to have occurred on the date stated above, at ____ P. ____ m. The principal cause of death and related causes of importance were as follows: <u>Stillborn</u>					
Other contributory causes of importance: <u>Premature delivery</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury, 193____ Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so specify _____					
(Signed) <u>D. H. Harrison</u> J. P. Reese, D. (Address) <u>Jerome Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1923

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of move than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		JUN 11 1936 RECEIVED		STATE OF IDAHO	
County of <u>Latah</u>		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
City of <u>Moscow</u>		CERTIFICATE OF BIRTH		243371	
No. <u>702 La Main St.</u>		Registration District No. <u>61</u>		State File No. <u>1011</u>	
<u>The Critman Hospital</u>		Prim. Registration District No. <u>1011</u>		Local Registrar's No. <u>226</u>	
(If born in hospital or institution give name.)					
2. FULL NAME OF CHILD <u>Stillborn Ellen</u>					
3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>4-25-1936</u>		(MONTH, DAY, YEAR)			
9. Full name FATHER <u>Edward Gay Ellen</u>			18. Full maiden name MOTHER <u>Edna Marie Byrson</u>		
10. Residence (usual place of abode) <u>Bozelle Idaho</u>			19. Residence (usual place of abode) <u>Bozelle Idaho</u>		
(If non-resident, give place and State)			(If non-resident, give place and State)		
11. Color or race <u>White</u>			20. Color or race <u>White</u>		
12. Age at last birthday <u>30</u> (years)			21. Age at last birthday <u>30</u> (years)		
13. Birthplace (city or place) <u>Palouse Wash</u>			22. Birthplace (city or place) <u>North Dakota</u>		
(State or country)			(State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Potlatch Lumber Co.</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>36</u>			25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u>36</u>		
17. Total time (years) spent in this work <u>1 year</u>			26. Total time (years) spent in this work <u>1 year</u>		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>7 1/2</u> months or weeks					
29. Cause of stillbirth <u>Unknown</u>					
Before labor <u>yes</u>					
During labor <u>no</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:00 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edward N. Dunn, M. D.

or _____, Midwife

Give name added from a supplemental report _____

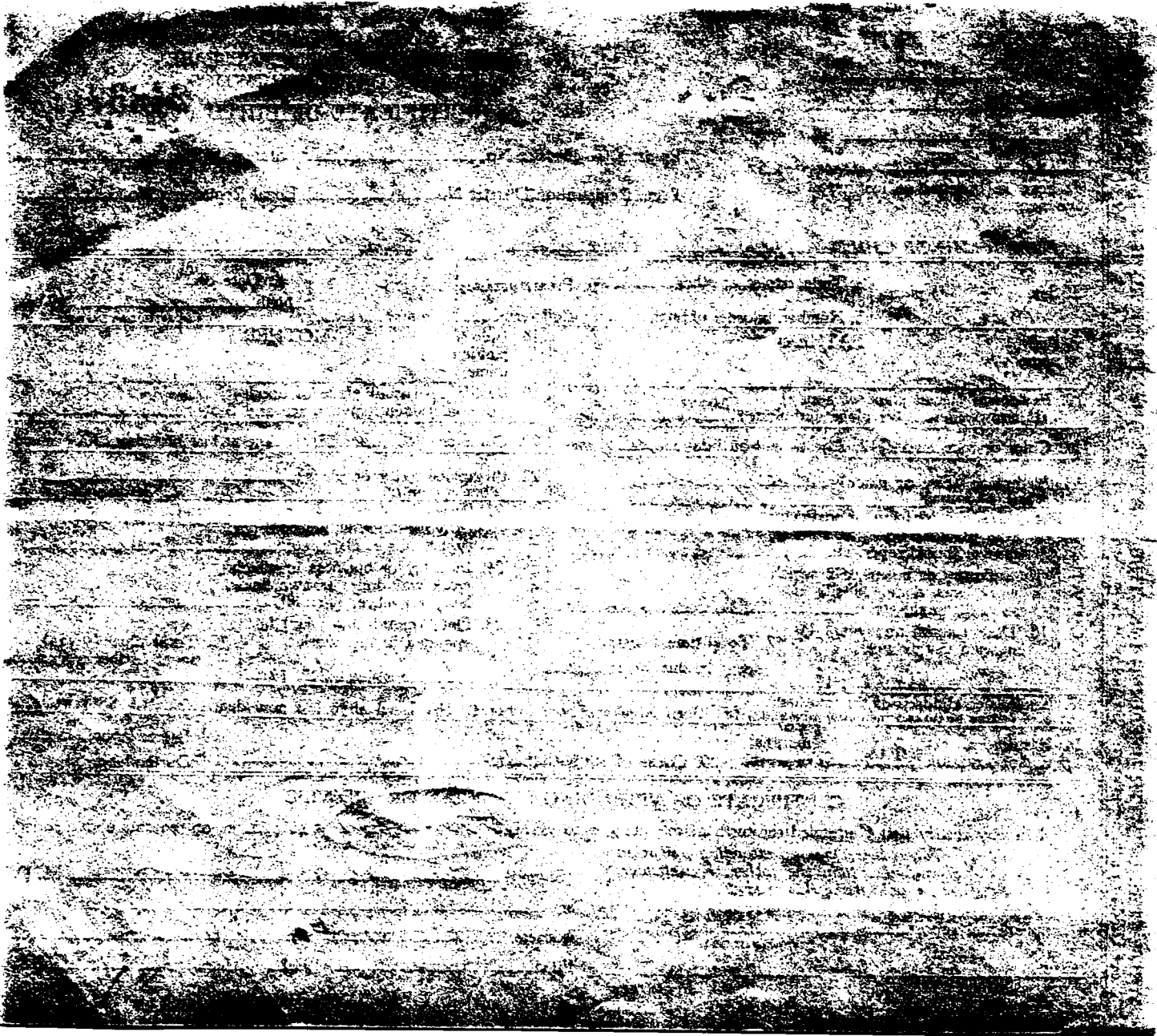
(DATE OF)

Address _____

Filed 6/6, 1936

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Talsh
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

99293

State File No.

Registration District No. 61Primary Registration District No. 1011Local Registrar's No. 128

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby ELLER(a) Residence. No. Bonell, Idaho St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) none

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, and year)

April 25, 1936

7. AGE Years Months Days If LESS than 1 day 9... hrs. or ... min.
0 0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (mo. and yr.) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Moscow, Idaho
(State or country)

13. NAME Edward Ray Eller

14. BIRTHPLACE (city or town) Bonell, Idaho
(State or country)

15. MAIDEN NAME Ana Marie Benson

16. BIRTHPLACE (city or town) Bonell Idaho
(State or country)

17. INFORMANT They were
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place none known Date, 1936

19. UNDERTAKER Prater & Son
(Address)

20. FILED 6-18, 1936 Prater & Son
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1936

22. I HEREBY CERTIFY, That I attended deceased from

4-25-1936, 1936, to 4-25-1936, 1936I last saw him alive on 4-25-1936, 1936; death is saidto have occurred on the date stated above, at unknown in

The principal cause of death and related causes of importance

were as follows:

stillbirth

Date of onset

Other contributory causes of importance:

Name of operation Date ofWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 1936Where did injury occur? none

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.Manner of injuryNature of injury24. Was disease or injury in any way related to occupation of deceased? If so, specify(Signed) Edward R. Dwyer, M. D.(Address) Moscow, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

165-130-044877
JUN 10 1936 RECEIVED

1. PLACE OF BIRTH
County of Washington
City of Wesley
No. Little Flower Hospital St.
(If born in hospital or institution give name)
Registration District No. 88 State File No. 243649
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Infant Jones

3. Sex M. If plural births { 4. Twin, triplet, or other 0 6. Premature 0 7. Legitimate? yes 8. Date of birth March 30, 1936
5. Number, in order of birth 0 Full term yes mate? yes (Month, Day, Year)

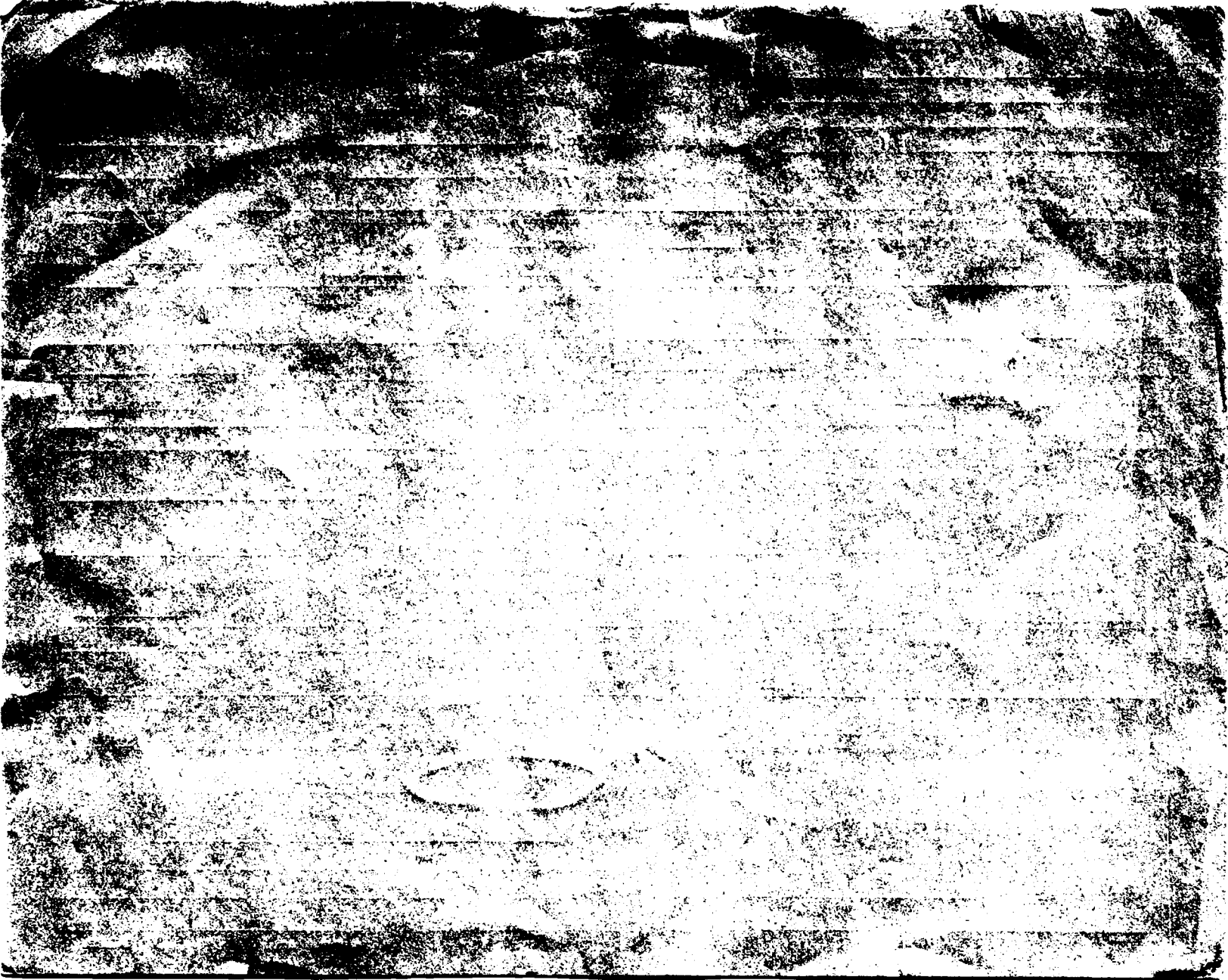
9. Full name FATHER Jesse Richard Jones 18. Full maiden name MOTHER Rhea Ellen Higley
10. Residence (usual place of abode) Cambridge, Ida. 19. Residence (usual place of abode) Cambridge, Ida.
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 2 years 20. Color or race W 21. Age at last birthday 31 years
13. Birthplace (city or place) Burley, Ida. 22. Birthplace (city or place) Burley, Ida.
(State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Form 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work 6-12-36 19. Total time (years) spent in this work Life 25. Date (month and year) last engaged in this work 1-12-36 26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, 9 months or weeks { 30. Cause of Stillbirth Breath Respiration During labor ✓
period of gestation _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was 5'11 60 lb. 10:30 A.M. on the date above stated.
(Born Alive or Stillborn)
(Signed) M. H. Brown M. D.
or _____ Midwife
Address Cambridge, Ida.
Filed 6-12-36, 1936 M. H. Brown
Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.
(Date of) _____



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Ada.</u>		JUL 2 1936 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH.		S [✓] 243709	
City of <u>Bois Idaho.</u>		No. <u>1617 N 24.</u>		Registration District No. <u>2</u>		State File No. <u>342</u>	
The Salvation Army Home. (If born in hospital or institution give name.)		Prim. Registration District No. <u>1004</u>		Local Registrar's No. <u>342</u>			
2. FULL NAME OF CHILD <u>Girl Gautier.</u>							
3. Sex <u>F</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>YES</u>	8. Date of birth <u>5-22-36</u>	(Month, Day, Year)
9. Full name <u>Howard Gautier</u>				18. Full maiden name <u>Josephine Cross</u>			
10. Residence (usual place of abode) <u>Caldwell Idaho</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>218 Kimeey St.</u> (If non-resident, give place and State)			
11. Color or race <u>W.</u>		12. Age at last birthday <u>27</u> (years)		20. Color or race <u>W.</u>		21. Age at last birthday <u>23</u> (years)	
13. Birthplace (city or place) <u>Tenn</u> (State or country)				22. Birthplace (city or place) <u>Neb</u> (State or country)			
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
		16. Date (month and year) last engaged in this work				25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		19.		26. Total time (years) spent in this work		19.	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?							
28. Number of children of this mother (At time of this birth and including this child) <u>1</u> (a) Born alive and now living (b) Born alive but now dead (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation		months or weeks		30. Cause of stillbirth		Before labor During labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3-05 3-05 A. M. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

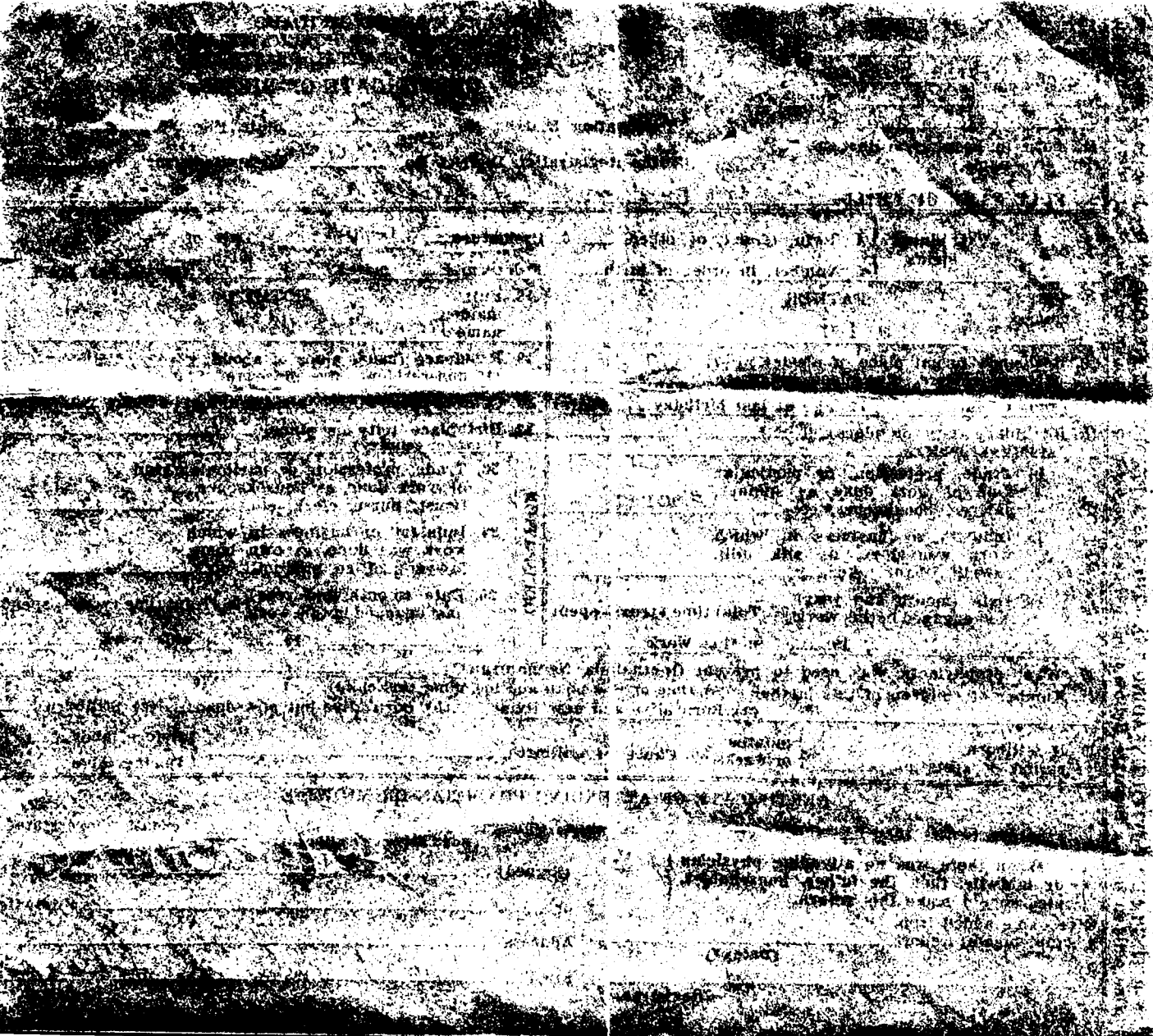
Give name added from a supplemental report (Date of)

Address

Filed 6-1-36 R. Sharp Registrar.

(Signed) Geo. Forney, M. D. or _____ Midwife

Registrar.



TOP SECRET
CONFIDENTIAL
[Illegible text]

[Illegible text]

TOP SECRET
CONFIDENTIAL
[Illegible text]

[Illegible text]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 98648

JUN 11 1936 RECEIVED

Registration District No. 2Primary Registration District No. 1004(No. Salvation Army Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 166

2. FULL NAME

Baby Gautier (Stellbrink)(a) Residence. No. 218 KinseySt. Caldwell Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.	4. Color or Race W.	5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>5/22/36</u>		
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
		If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

MOTHER FATHER	13. NAME <u>Howard Gautier</u>
	14. BIRTHPLACE (city or town) <u>Tenn.</u> (State or country)

MOTHER FATHER	15. MAIDEN NAME <u>Josephine Cross</u>
	16. BIRTHPLACE (city or town) <u>Nebr.</u> (State or country)

17. INFORMANT Howard Gautier
(Address) Caldwell, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 5-22-36 193__19. UNDERTAKER McBratney Funeral Home
(Address) Boise, Idaho20. FILED 5-22-36 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/22/36 193__22. I HEREBY CERTIFY That I attended deceased from 5/22, 193__ to 5/22, 193__I last saw him alive, 193__: death is said

to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

High fevers
Large head
Crushing injury

Other contributory causes of importance:

Date of onset

5/22Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 193__

Where did injury occur? ____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury. ____

Nature of injury. ____

24. Was disease or injury in any way related to occupation of deceased? ✓ If so specify(Signed) Dr. Farney, M. D.(Address) Boise, Idaho

Forney

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

819-214001-854

1. PLACE OF BIRTH County of <u>Ada</u> City of <u>Boise</u> No. <u>St Luke's Hospital</u> St. (If born in hospital or institution give name.) Registration District No. <u>2</u> State File No. <u>243718</u> Prim. Registration District No. <u>1004</u> Local Registrar's No. <u>398</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH JUL 2 1936 RECEIVED	
2. FULL NAME OF CHILD <u>Evelyn May Harshbarger</u>			
3. Sex <u>female</u>	If plural births {	4. Twin, triplet, or other..... 5. Number, in order of birth. <u>1</u>	6. Premature..... Full term <u>yes</u>
7. Legitimate? <u>yes</u>	8. Date of birth <u>6/14</u> , 193 <u>6</u> (Month, Day, Year)		
9. Full name of FATHER <u>John Jacob Harshbarger</u>		10. Full name of MOTHER <u>Fern Nettie Hedberg</u>	
11. Residence (usual place of abode) (If non-resident, give place and State) <u>RR # 2</u>		12. Residence (usual place of abode) (If non-resident, give place and State) <u>RR # 2</u>	
13. Color or race <u>W</u>		14. Age at last birthday <u>24</u> (years)	
15. Birthplace (city or place) (State or Country) <u>Fish, Idaho</u>		16. Birthplace (city or place) (State or Country) <u>Victor, Idaho</u>	
OCCUPATION	17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		OCCUPATION
	18. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Stock Clerk</u>		
	19. Date (month and year) last engaged in this work		
20. Total time (years) spent in this work		21. Total time (years) spent in this work	
22. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% Silver Nitrate</u>			
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
24. If stillborn, period of gestation <u>full time</u> { months or weeks			
25. Cause of stillbirth { Before labor <u>Yes</u> During labor <u>hus</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4:26 P.m. on the date above stated.
(Born Alive or Stillborn)
(Signed) M. N. Braxton, M. D.
or _____, Midwife
Address 1925 N. 8th St. Boise, Idaho
Filed 6-25, 1936 R. Sharp
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

7
ALPES

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004
St. Lukes Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

Evelyn May Harshbarger

2. FULL NAME

(a) Residence. No. R. F. D. 2 St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6/14/36

7. AGE Years Months Days If LESS than 1 day hrs. or min.
-- -- --

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

Boise

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME John J. Harshbarger14. BIRTHPLACE (city or town) (State or country) Idaho15. MAIDEN NAME Fern Nettie Hedburg16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT J. J. Harshbarger (Address) Boise

18. BURIAL, CREMATION OR REMOVAL

Place Morris Hill Date 6/15/36 193619. UNDERTAKER McBratney Funeral Home (Address) Boise20. FILED 6-16 1936 R. Sharp Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 99030Local Registrar's No. 189

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/14/36 193622. I HEREBY CERTIFY, That I attended deceased from 6-14 1936 to 6-14 1936I last saw Stillborn on 6-14 1936: death is said

to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

No heart sound were heard for about 10 hours before birth

Date of onset

Other contributory causes of importance:

Extremely twisted cord was only evidence a cause of prenatal death.

Name of operation None Date of _____What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) J. J. Braxton M. D.

(Address) _____

Braxton

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:
Gallstones May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:
Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each in order of birth stated.

315 205 004 815

1. PLACE OF BIRTH
County of Bear Lake
City of Montpelier
No. Idaho St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

248871

Registration District No. 52 State File No. 248871
Prim. Registration District No. 2136 Local Registrar's No. _____

(If born in hospital or institution give name.)
Montpelier Hospital

2. FULL NAME OF CHILD _____

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature Yes Full term No 7. Legitimate? Yes 8. Date of birth 3-5 1936
(Month, Day, Year)

9. Full name FATHER Harold Lane 18. Full maiden name MOTHER Ruth Hansen

10. Residence (usual place of abode) (If non-resident, give place and State) Montpelier, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Montpelier, Idaho

11. Color or race W. 12. Age at last birthday 35 (years) 20. Color or race W. 21. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Salt Lake City, Utah 22. Birthplace (city or place) (State or Country) Garden City, Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____ 19. _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living None (b) Born alive but now dead None (c) Stillborn One

29. If stillborn, period of gestation 6 months { months or weeks _____ 30. Cause of stillbirth Premature labor
Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 12:30 a.m. on the date above stated.
(Born Alive or Stillborn)

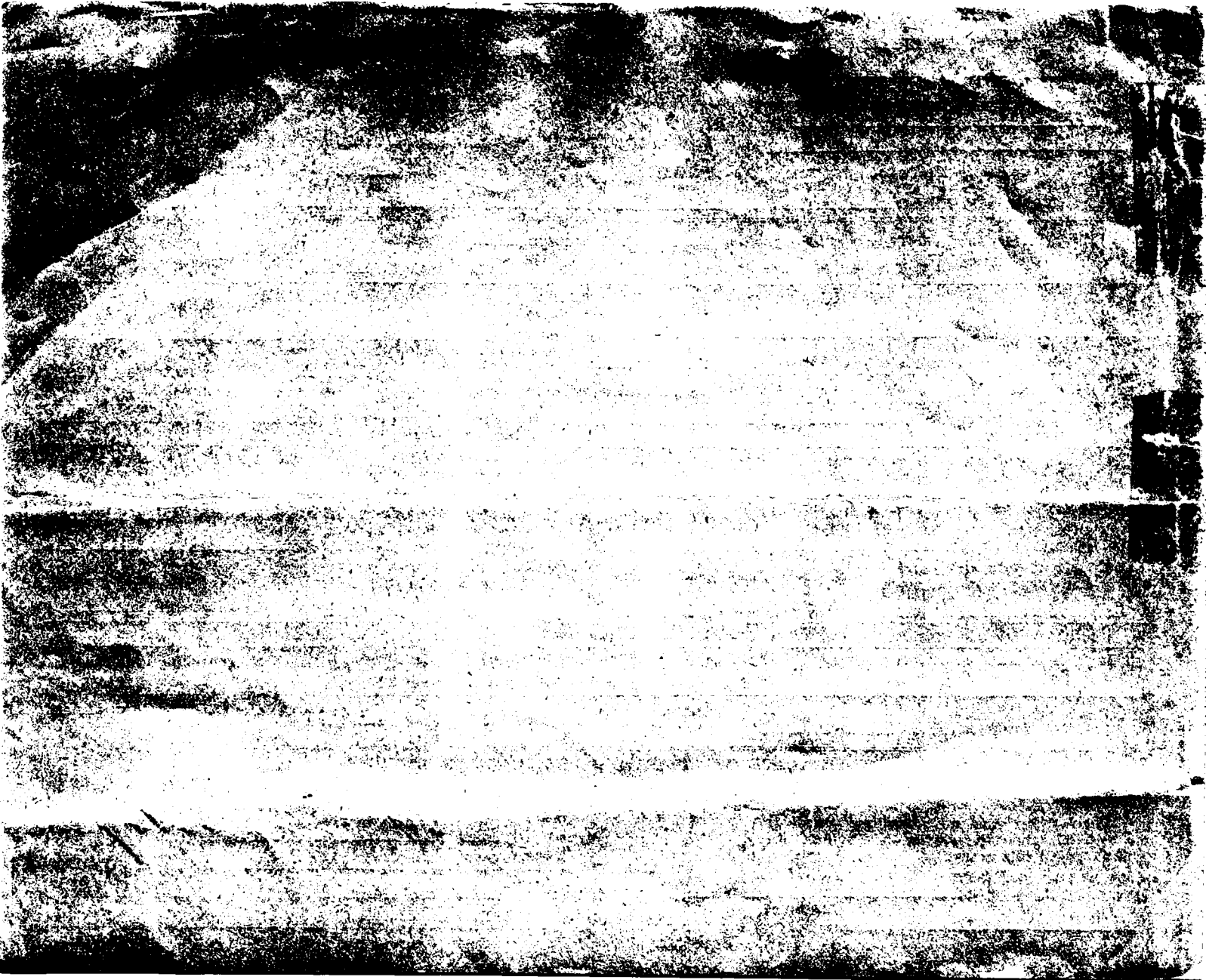
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) Dr. L. S. Lusk, M. D.

Give name added from a supplemental report _____ or _____ Physician _____ Midwife _____

(Date of) _____ Address Montpelier, Idaho Filed June 30th 1936

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bingham</u> City of <u>Blackfoot</u> No. <u>320 S.E. Main</u> <u>689-115006-515</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 243920	
(If born in hospital or institution give name.)		Registration District No. <u>121</u>	State File No. <u>121</u>
2. FULL NAME OF CHILD <u>Stillborn Unnamed White</u>		Prim. Registration District No. <u>1007</u>	Local Registrar's No. <u>121</u>
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>
8. Date of birth <u>June 15, 1906</u> (Month, Day, Year)			
9. Full name FATHER <u>Milo White</u>		18. Full maiden name MOTHER <u>Laura Elizabeth Van Sickle</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Idaho</u>	
11. Color or race <u>White</u> 12. Age at last birthday <u>34</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>31</u> (years)	
13. Birthplace (city or place) (State or Country) <u>St. Anthony, Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Ashton, Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tobacco Store Pool Hall Mgr.</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work <u>Present time, 19</u>		25. Date (month and year) last engaged in this work <u>Present time, 19</u>
17. Total time (years) spent in this work <u>1 yr</u>		26. Total time (years) spent in this work <u>13</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>- - - - -</u>			
28. Number of children of this mother <u>3</u> (At time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>			
29. If stillborn, period of gestation <u>Full term</u> { months or weeks		30. Cause of Stillbirth <u>Volvulus of cord</u> { Before labor <u>Yes</u> During labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead at 1:15 am on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) M. E. Petrie, M. D.

or _____, Midwife

Address Blackfoot, Idaho

Filed July 1, 1906 M. E. Petrie

Registrar.

AUG 20 1975

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUR- TION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham
City of Blackfoot

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99115

Registration District No. 121

Registration District No. 1007

Local Registrar's No. 105

JUL 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn, unnamed, White

(a) Residence. No. 320 S.E. Main, Blackfoot, Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stillborn

6. DATE OF BIRTH (month, day, and year) June 15, 1936

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Blackfoot, Idaho
(State or country)

13. NAME Milo White

14. BIRTHPLACE (city or town) St. Anthony, Idaho
(State or country)

15. MAIDEN NAME Laura Elizabeth VanSickle

16. BIRTHPLACE (city or town) Ashton, Idaho
(State or country)

17. INFORMANT Milo White
(Address) Blackfoot, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rocky Mountain Date June 17, 1936

19. UNDERTAKER John E. Sanborn
(Address) _____

20. FILED June 15, 1936 Wm. Walter E. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to June 15, 1936.

I last saw him alive dead, June 15, 1936; death is said

to have occurred on the date stated above, at 1:15 A. M.

The principal cause of death and related causes of importance were as follows:

Volvulus-Cord
Obstructed circulation
before birth

Other contributory causes of importance:

Date of onset

Name of operation None Date of _____

What test confirmed diagnosis? h.c. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so specify _____

(Signed) Wm. Walter E. Harris M. D.
(Address) Blackfoot, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH			STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS			S											
County of <u>Bonneville</u>			JUL 2 1936 RECEIVED			CERTIFICATE OF BIRTH 243997											
City of <u>Idaho Falls</u>			No. <u>L. S. Hospital</u>			Registration District No. <u>13</u> State File No. <u>336</u>											
(If born in hospital or institution give name.)			Prim. Registration District No. <u>2140</u>			Local Registrar's No. <u>336</u>											
2. FULL NAME OF CHILD <u>Still born</u>																	
3. Sex <u>boy</u>		If plural births {		4. Twin, triplet, or other		5. Number, in order of birth		6. Premature <u>5744</u> Legiti-									
								Full term <u>yes</u> mate? <u>yes</u>									
7. Date of birth <u>6-16-1936</u>								(Month, Day, Year)									
9. Full name <u>Oren Empey</u>			FATHER			18. Full maiden name <u>Vera Mae Munroe</u>			MOTHER								
10. Residence (usual place of abode) <u>R# 3 Idaho Falls</u>			(If non-resident, give place and State)			19. Residence (usual place of abode) <u>R# 3 Idaho Falls</u>			(If non-resident, give place and State)								
11. Color or race <u>W</u>			12. Age at last birthday <u>35</u> (years)			20. Color or race <u>W</u>			21. Age at last birthday <u>29</u> (years)								
13. Birthplace (city or place) <u>R# 3 Idaho Falls</u>			(State or Country)			22. Birthplace (city or place) <u>Hooper Utah</u>			(State or Country)								
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own farm</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>								
16. Date (month and year) last engaged in this work <u>June 1936</u>			17. Total time (years) spent in this work <u>Life</u>			25. Date (month and year) last engaged in this work <u>June 1936</u>			26. Total time (years) spent in this work <u>7</u>								
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>																	
28. Number of children of this mother (At time of this birth and including this child)																	
(a) Born alive and now living <u>1</u>									(b) Born alive but now dead <u>0</u> (c) Stillborn <u>3</u>								
29. If stillborn, period of gestation { months or weeks									30. Cause of stillbirth { Before labor During labor								
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE																	
I hereby certify that I attended the birth of this child, who was <u>Still born</u> at <u>8.55</u> a. m. on the date above stated.																	
(Born Alive or Stillborn)																	
(Signed) <u>H. H. Willson</u> , M. D.																	
or <u>Idaho Falls Idaho</u> , Midwife																	
Address <u>Idaho Falls Idaho</u>																	
Filed <u>6/30</u> , 193 <u>6</u> <u>C. H. H. H. H.</u>																	
Regist. Registrar.																	

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonneville</u>	RECEIVED			State File No. <u>99153</u>	
City of <u>Idaho Falls</u>	Registration District No. <u>73</u>				
Primary Registration District No. <u>2170</u>			Local Registrar's No. <u>116</u>		
(No. <u>L. S. Hospital</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Stillborn</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>boy</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>6-16-36</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.	
	<u>5 mos.</u>	<u>2 wks.</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>					
MOTHER/FATHER	13. NAME <u>Oren Empey</u>				
	14. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Vera Mae Thomas</u>				
	16. BIRTHPLACE (city or town) <u>Hooper</u> (State or country) <u>Utah</u>				
17. INFORMANT <u>Mr. Oren Empey</u> (Address)					
18. BURIAL, CREMATION OR REMOVAL Place <u>L. S. Hospital</u> , Date <u>6-16-1936</u>					
19. UNDERTAKER <u>none</u> (Address)					
20. FILED <u>6/16</u> , 193 <u>6</u> <u>W. J. Williams</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>6-16-1936</u>					
22. I HEREBY CERTIFY That I attended deceased from <u>June 16</u> , 193 <u>6</u> , to <u>June 16</u> , 193 <u>6</u> . I last saw h... alive on <u>June 16</u> , 193 <u>6</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Premature Child</u> <u>About 5 1/2 mos.</u>					
Other contributory causes of importance:					Date of onset
Name of operation..... Date of.....					
What test confirmed diagnosis?.... Was there an autopsy?..					
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193 <u>6</u> . Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If so specify..... (Signed) <u>W. J. Williams</u> M. D. (Address) <u>Idaho Falls, Ida.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

253 228 010 815		STATE OF IDAHO	
PLACE OF BIRTH		DEPARTMENT OF PUBLIC WELFARE	
		BUREAU OF VITAL STATISTICS	
1. County of <u>Bonanza</u>		JUL 2 1936 RECEIVED	
City of <u>Idaho Falls</u>		REGISTRAR'S OFFICE	
No. <u>Memorial Drive</u> St.		Registration District No. <u>21</u> State File No. <u>244005</u>	
<u>L.D. Hospital</u>		Local Registrar's No. <u>344</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>21</u> Local Registrar's No. <u>344</u>	
2. FULL NAME OF CHILD <u>Marilyn Beckstrom</u>			
3. Sex <u>Female</u>	4. Twin, triplet, or other <u>None</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>yes</u>
7. Legitimate <u>yes</u>	8. Date of birth <u>June 28, 1936</u>	(Month, Day, Year)	
9. Full name <u>Roy Beckstrom</u>		18. Full name <u>Vineth Josephine Hansen</u>	
10. Residence (usual place of abode) <u>Route 7</u>		19. Residence (usual place of abode) <u>Idaho Falls</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>white</u>	12. Age at last birthday <u>35</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>36</u> (years)
13. Birthplace (city or place) <u>Sweden</u>	22. Birthplace (city or place) <u>Idaho Falls</u>		
(State or Country)		(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sign painter</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own self</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>June, 1936</u>	17. Total time (years) spent in this work <u>8 yrs</u>	25. Date (month and year) last engaged in this work <u>June, 1936</u>	26. Total time (years) spent in this work <u>5 yrs</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>asepsis 2090</u>			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>9 months</u>		30. Cause of Stillbirth <u>During labor</u>	
(months or weeks)		(Before labor)	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE <u>78</u>			
I hereby certify that I attended the birth of this child, who was <u>still born</u> at <u>3:45</u> a.m. on the date above stated.			
(Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>W. H. Soderquist</u> M. D.	
Give name added from a supplemental report <u>(Date of)</u>		or <u>Idaho Falls Idaho</u> Midwife	
		Address <u>Idaho Falls Idaho</u>	
		Filed <u>6/30</u> , 193 <u>6</u> Registrar.	

200448

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
County of <u>Bonneville</u>	City of <u>Idaho Falls</u>		
Registration District No. _____		Primary Registration District No. <u>214</u>	
(If death occurred in a hospital or institution give its name instead of street and number)			
2. FULL NAME <u>Baby Buckstrom</u>		Local Registrar's No. <u>115</u>	
(a) Residence. No. _____		St. <u>LDS Hospital</u>	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>June 28, 1936</u>			
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
	If LESS than 1 day ____ hrs. or ____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (mo. and yr.) _____		
	11. Total time (years) spent in this occupation _____		
MOTHER FATHER	12. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>		
	13. NAME <u>Roy W. Buckstrom</u>		
MOTHER FATHER	14. BIRTHPLACE (city or town) <u>Sweden</u> (State or country) _____		
	15. MAIDEN NAME <u>Venetta Hansen</u>		
MOTHER FATHER	16. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) _____		
	17. INFORMANT <u>Roy W. Buckstrom</u> (Address) <u>Idaho Falls, Route 1</u>		
MOTHER FATHER	18. BURIAL, CREMATION OR REMOVAL <u>Burial</u> Place <u>Idaho Falls</u> Date <u>June 28, 1936</u>		
	19. UNDERTAKER <u>McDermott, B.C. Boyd</u> (Address) <u>343, E. St. Idaho Falls</u>		
20. FILED <u>4/24</u> , 193 <u>6</u> <u>G. J. Hammond</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>6/28 1936</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>June 28</u> , 193 <u>6</u> , to <u>June 28</u> , 193 <u>6</u> Last saw him alive on <u>June 28</u> , 193 <u>6</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Still Born</u>			
Other contributory causes of importance: _____			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>6</u> Where did injury occur? _____ (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____ (Signed) <u>A. R. Soderquist</u> M. D. (Address) <u>Idaho Falls, Idaho</u>			

DO NOT WRITE IN THIS SPACE

State File No. 99150

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

1. PLACE OF BIRTH
 County of Bonanza
 City of Edaho Falls
 No. Memorial Drive St.
L. P. J. Hospital
 (If born in hospital or institution give name.)

JUL 2 1936

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

244017

Registration District No. 73 State File No. 318
 Prim. Registration District No. 2140 Local Registrar's No. 318

2. FULL NAME OF CHILD

Stellbarn

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth June 21, 1936 (Month, Day, Year)

9. Full name Jesse Stephens Chandler FATHER
 10. Residence (usual place of abode) Spencer, Idaho
 (If non-resident, give place and State)
 11. Color or race white 12. Age at last birthday 20 (years)
 13. Birthplace (city or place) El Capher
 (State or Country) New Mexico

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work May, 1934 17. Total time (years) spent in this work 1 yr

18. Full maiden name Alice Gertrude Hopkins MOTHER
 19. Residence (usual place of abode) Spencer, Idaho
 (If non-resident, give place and State)
 20. Color or race white 21. Age at last birthday 23 (years)
 22. Birthplace (city or place) Wray
 (State or Country) Colorado

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Rent home
 25. Date (month and year) last engaged in this work June, 1936 26. Total time (years) spent in this work 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother (At time of this birth and including this child) 1
 (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
 29. If stillborn, period of gestation 8 1/2 mo { months or weeks 30. Cause of stillbirth _____ { Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 6 P. m. on the date above stated.
 (Born Alive or Stillborn)

(Signed) A. P. Redenbach, M. D.

or _____, Midwife

Address Edaho Falls, IdahoFiled 6/22, 1936 Stellbarn

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report _____
 (Date of) _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUL 2 1935

STATE OF ILLINOIS

1. Name of child: _____

2. Sex: _____

3. Date of birth: _____

4. Time of birth: _____

5. Place of birth: _____

6. Name of mother: _____

7. Name of father: _____

8. Name of physician: _____

9. Name of attending nurse: _____

10. Name of hospital: _____

11. Name of city: _____

12. Name of county: _____

13. Name of state: _____

14. Name of country: _____

15. Name of birthplace: _____

16. Name of birthplace: _____

17. Name of birthplace: _____

18. Name of birthplace: _____

19. Name of birthplace: _____

20. Name of birthplace: _____

21. Name of birthplace: _____

22. Name of birthplace: _____

23. Name of birthplace: _____

24. Name of birthplace: _____

25. Name of birthplace: _____

26. Name of birthplace: _____

27. Name of birthplace: _____

28. Name of birthplace: _____

29. Name of birthplace: _____

30. Name of birthplace: _____

31. Name of birthplace: _____

32. Name of birthplace: _____

33. Name of birthplace: _____

34. Name of birthplace: _____

35. Name of birthplace: _____

36. Name of birthplace: _____

37. Name of birthplace: _____

38. Name of birthplace: _____

39. Name of birthplace: _____

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41. Name of birthplace: _____

42. Name of birthplace: _____

43. Name of birthplace: _____

44. Name of birthplace: _____

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63. Name of birthplace: _____

64. Name of birthplace: _____

65. Name of birthplace: _____

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80. Name of birthplace: _____

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84. Name of birthplace: _____

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88. Name of birthplace: _____

89. Name of birthplace: _____

90. Name of birthplace: _____

91. Name of birthplace: _____

92. Name of birthplace: _____

93. Name of birthplace: _____

94. Name of birthplace: _____

95. Name of birthplace: _____

96. Name of birthplace: _____

97. Name of birthplace: _____

98. Name of birthplace: _____

99. Name of birthplace: _____

100. Name of birthplace: _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Idaho Falls

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99151

Registration District No. 2140

Primary Registration District No. 2140

Local Registrar's No. 109

(No. L. S. S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn

(a) Residence. No. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Stillborn</u>		
6. DATE OF BIRTH (month, day, and year)		
7. AGE	Years	Months
		Days
		If LESS than 1 day, ... hrs. or ... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Idaho Falls Idaho</u>		
MOTHER/FATHER	13. NAME <u>Jesse Stephens Chandler</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>E. Capitan New Mexico</u>	
	15. MAIDEN NAME <u>Alie Juanita Hopkins</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Wray Colorado</u>	
17. INFORMANT (Address) <u>Mrs. J. S. Chandler</u>		
18. BURIAL, CREMATION OR REMOVAL <u>Chandler</u> Place <u>Idaho Falls</u> Date <u>6/22</u> , 193 <u>6</u>		
19. UNDERTAKER (Address) <u>None</u>		
20. FILE <u>6/22</u> , 193 <u>6</u> <u>Chandler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-21-1936

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1936, to _____, 193....
I last saw him alive on _____, 193.... death is said to have occurred on the date stated above, at _____m.
The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193....
Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(Signed) A. B. Chandler M. D.
(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH anyone
County of anyone
City of 2112-113 So
No. St JUL 9 1936 RECEIVED
Registration District No. 1006 State File No. S 244056

(If born in hospital or institution give name.) Prim. Registration District No. 1006 Local Registrar's No. 211

2. FULL NAME OF CHILD Clarence D. Stanton

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other <input checked="" type="checkbox"/> 5. Number, in order of birth <u>1</u>	6. Premature <input checked="" type="checkbox"/> Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>July 9, 1936</u> (Month, Day, Year)
--------------------	---	---	---------------------------	--

9. Full name FATHER <u>Clarence D. Stanton</u>	18. Full maiden name MOTHER <u>Ethel Hamilton</u>
--	---

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa</u>
---	---

11. Color or race <u>W</u>	12. Age at last birthday <u>20</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>20</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or Country) <u>Idaho</u>	22. Birthplace (city or place) (State or Country) <u>Idaho</u>
--	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living _____ (b) ~~Born alive and now living~~ (c) Stillborn yes

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor During labor
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

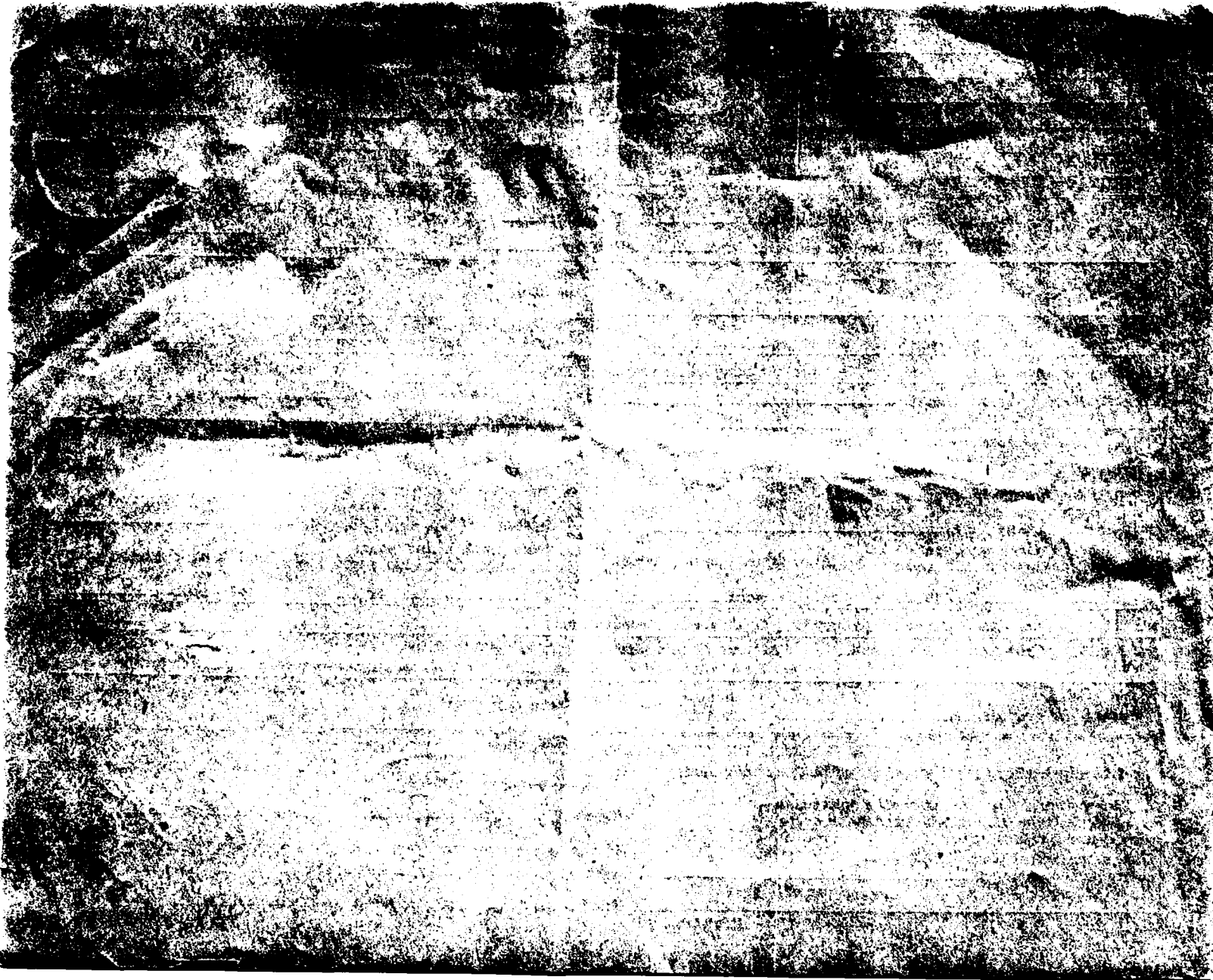
(Signed) Francis Beckner, M. D.

or _____, Midwife

Address Nampa, Idaho

Filed July 6, 1936 Lyda Rodgers

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 1936 98956 State File No.	
County of <u>Cameron</u>	City of <u>Nampa</u>	CERTIFICATE OF DEATH			
Registration District No. <u>7</u>		Primary Registration District No. <u>1006</u>		Local Registrar's No. <u>12</u>	
(No. <u>Mersey Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Infant Stanton</u>					
(a) Residence. No. <u>211 1/2 - 13 St.</u> <u>Nampa</u> (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. Color or Race <u>W</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>1-14-36</u>					
7. AGE Years <u>0</u> Months <u>0</u> Days <u>0</u>		If LESS than 1 day, ... hrs. or ... min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>				
	10. Date deceased last worked at this occupation (mo. and yr.)				
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Nampa</u> (State or country) <u>Idaho</u>					
MOTHER-FATHER	13. NAME <u>C. D. Stanton</u>				
	14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Elythe Hamilton</u>				
	16. BIRTHPLACE (city or town) <u>Bozette</u> (State or country) <u>Idaho</u>				
17. INFORMANT <u>C. D. Stanton</u> (Address) <u>Nampa, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Nampa, Idaho</u> Date <u>1-15, 1936</u>					
19. UNDERTAKER <u>T. K. Robinson</u> (Address) <u>Nampa, Idaho</u>					
20. FILED <u>Feb. 3, 1936</u> <u>W. D. Rodgers</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>1-14-1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>1-14</u> , 1936, to <u>1-14</u> , 1936. I last saw him alive on <u>1-14</u> , 1936; death is said to have occurred on the date stated above, at <u>2</u> p.m. The principal cause of death and related causes of importance were as follows:					
Premature infant S.M.O. Cytochrome					Date of onset
Other contributory causes of importance: Mother did big washing that brought on labor					
Name of operation <u>Amniot</u>					Date of
What test confirmed diagnosis? <u>Amniot</u> Was there an autopsy? <u>Amniot</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1936. Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.					
Nature of injury.					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify					
(Signed) <u>W. D. Rodgers</u> , M. D. (Address) <u>Nampa, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County Canyon
City of Caldwell
Caldwell Sanitarium St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

244086

Registration District No. _____ State File No. _____
Prim. Registration District No. 1005 Local Registrar's No. 124

2. FULL NAME OF CHILD Stillborn

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 5-30- 1936
5. Number, in order of birth _____ Full term Yes (Month, Day, Year)

9. Full name Victor A. Pomey FATHER
10. Residence (usual place of abode) St. Paul, Carme Ida.
11. Color or White 12. Age at last birthday 24 (years)
13. Birthplace (city or place) S.D. (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming
16. Date (month and year) last engaged in this work 6/10, 1936
17. Total time (years) spent in this work 7 yrs

18. Full maiden name Agnes Myers MOTHER
19. Residence (usual place of abode) St. Paul, Carme Ida.
20. Color or White 21. Age at last birthday 21 (years)
22. Birthplace (city or place) Iowa (State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work 6/5, 1936
26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 1
29. If stillborn, period of gestation 9 - { months or weeks
30. Cause of Stillbirth Placenta { Before labor _____ During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

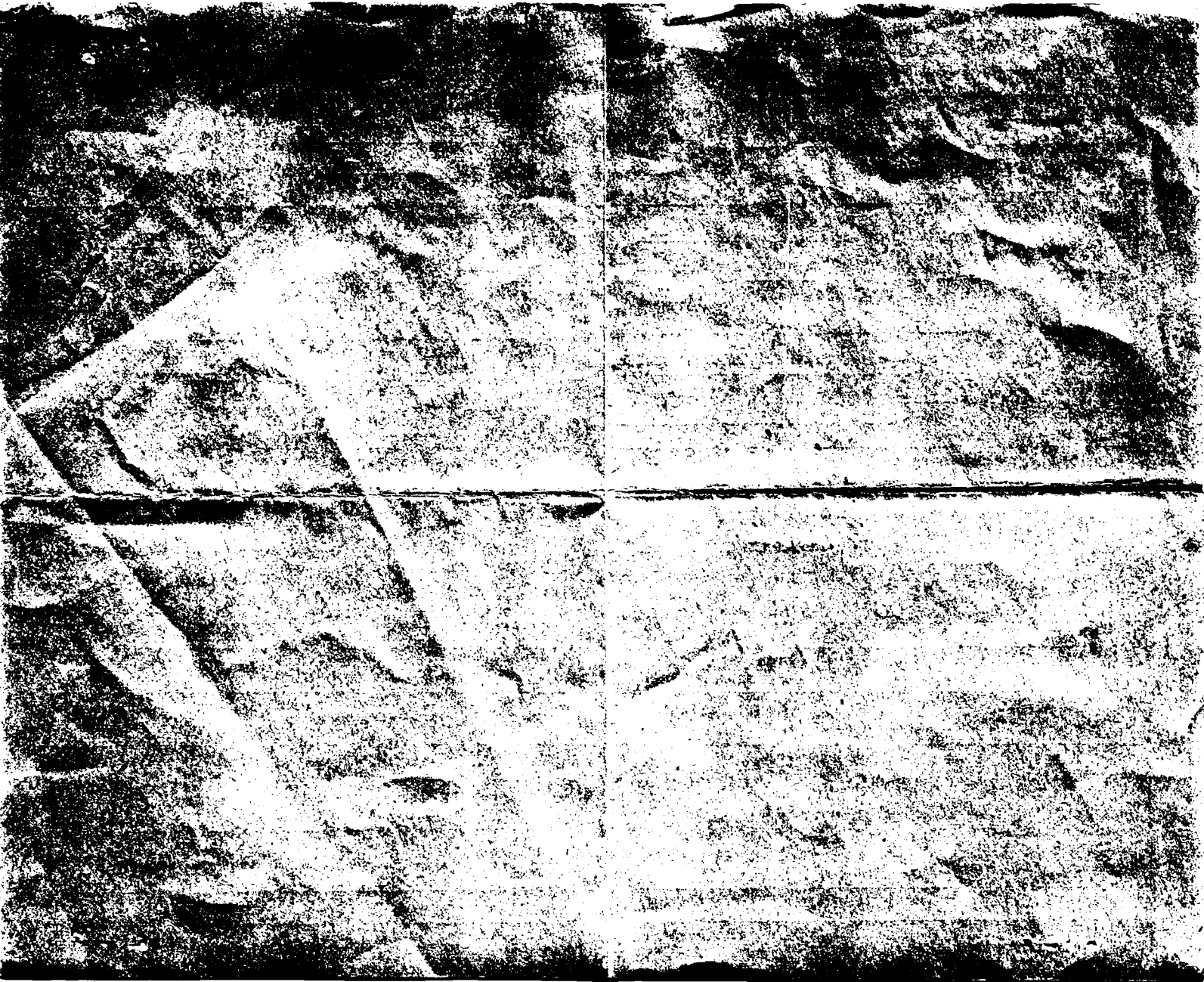
(Signed) S. D. Dudley, M. D.

or _____, Midwife

Address Caldwell, Ida.

Filed 6-12, 1936 S. D. Montgomery

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Caldwell

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 98774

Registration District No. 1
Primary Registration District No. 1005

Local Registrar's No. 82

(No. Sanitarium)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Victor Roney
(a) Residence. No. 7 Parma St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) None
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) _____
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. _____ or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Caldwell (State or country) Canyon Ida

13. NAME Victor Roney
14. BIRTHPLACE (city or town) South Dakota (State or country) _____

15. MAIDEN NAME Agnes Meyers
16. BIRTHPLACE (city or town) Des Moines (State or country) Iowa

17. INFORMANT Victor Roney (Address) Parma Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Truckee Cem. Date June 1, 1936

19. UNDERTAKER C. J. DeCham (Address) Caldwell Idaho

20. FILED 6/16, 1936 W. Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-30-1936
22. I HEREBY CERTIFY, That I attended deceased from 5-30, 1936 to 5-30, 1936
I last saw h.e. alive on 5-30, 1936: death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis

Date of onset _____
Other contributory causes of importance:
Breast Cancer
retarded birth

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936
Where did injury occur? _____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify _____
(Signed) S. A. Dudley M. D.
(Address) Caldwell Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

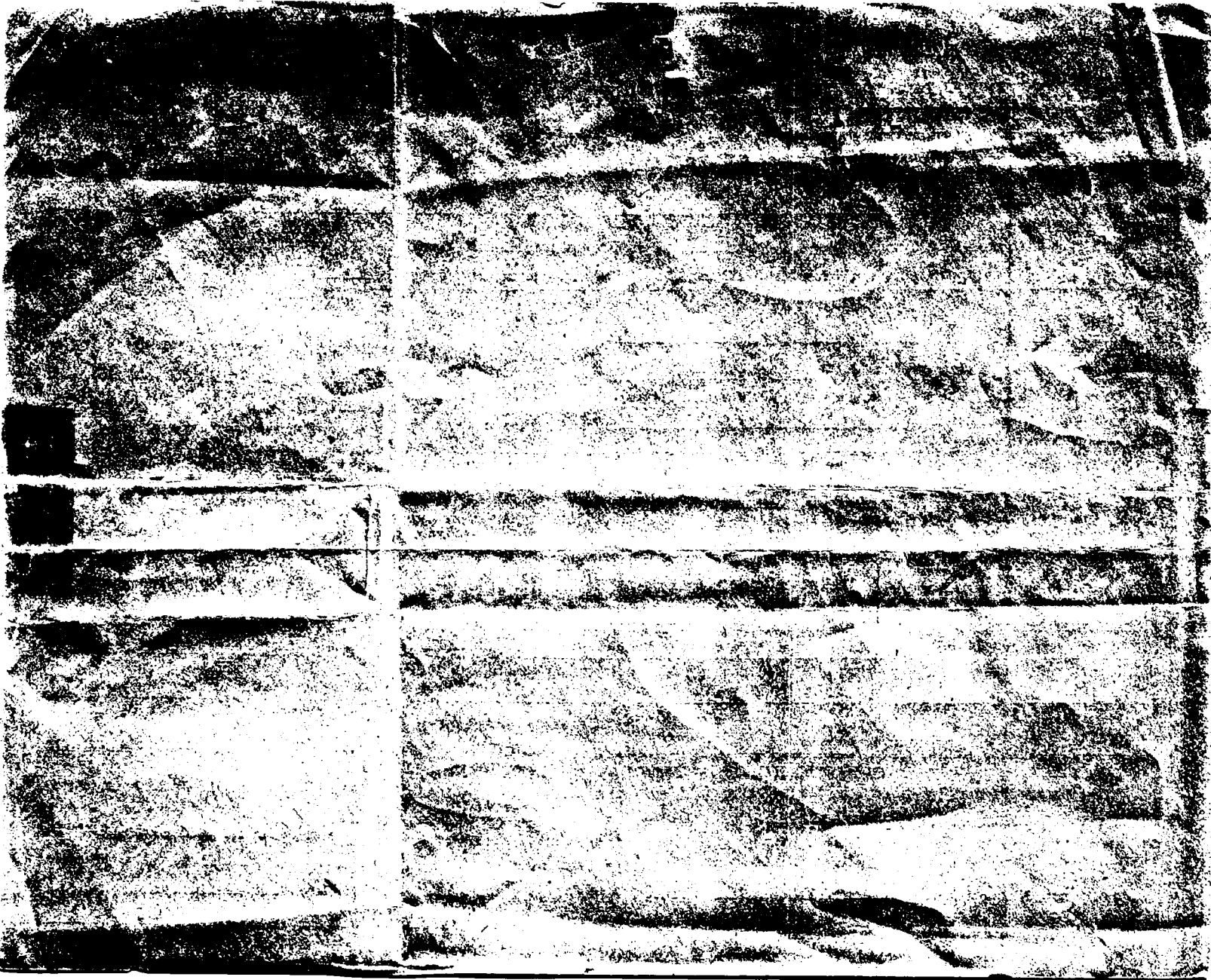
1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		S	
County of <u>Cassia</u>		JUL 10 1936		RECEIVED		CERTIFICATE OF BIRTH		244120	
City of <u>Burley</u>		St		Registration District No. <u>117</u>		State File No.			
No. <u>17710</u>				Prim. Registration District No. <u>2196</u>		Local Registrar's No. <u>125</u>			
(If born in hospital or institution give name.)									
2. FULL NAME OF CHILD <u>Stillbirth</u>									
3. Sex <u>Male</u>		If plural births		4. Twin, triplet, or other		5. Number, in order of birth		6. Premature <input checked="" type="checkbox"/> Full term <input checked="" type="checkbox"/>	
7. Legiti-		mate? <u>Yes</u>		8. Date of birth <u>July 15, 1936</u>		(Month, Day, Year)			
9. Full name FATHER <u>Olas Dewey Powers</u>					18. Full maiden name MOTHER <u>Hannah Nina Anderson</u>				
10. Residence (usual place of abode) <u>Burley, Ida.</u>					19. Residence (usual place of abode) <u>Burley, Ida.</u>				
11. Color or race <u>W</u>					12. Age at last birthday <u>37</u> (years)				
13. Birthplace (city or place) <u>Granville, Pa.</u>					20. Birthplace (city or place) <u>Denmark</u>				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.				
16. Date (month and year) last engaged in this work					17. Total time (years) spent in this work				
19					19				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>By No. 12</u>									
28. Number of children of this mother (At time of this birth and including this child)									
(a) Born alive and now living <input checked="" type="checkbox"/> (b) Born alive but now dead (c) Stillborn <u>11</u>									
29. If stillborn, <input checked="" type="checkbox"/> period of gestation <u>Nine</u> { months or weeks									
30. Cause of Stillbirth <u>Card Choke</u> { During labor Before labor <input checked="" type="checkbox"/>									
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE									
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>10⁰⁰</u> P. M. on the date above stated.									
(Signed) <u>Chas. H. Altemus</u> , M. D.									
or _____, Midwife									
Address <u>Burley, Idaho</u>									
Filed <u>July 7, 1936</u> <u>Laura D. Sprecher</u>									
Registrar.									

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.

(Date of)

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99206

Registration District No. 117

Registration District No. 2196 Local Registrar's No. 67

JUL 10 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Bowers

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
Feb. 14 - 1936

7. AGE Years Months Days
Still Born If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley
(State or country) Ida.

13. NAME Elias Newey Bowers

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Theresa Anderson

16. BIRTHPLACE (city or town) Dunn
(State or country)

17. INFORMANT Elias Bowers
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Pella, Ida. Date 2-15-1936

19. UNDERTAKER D. E. Johnson
(Address) Burley, Ida.

20. FILED July 7, 1936 Laura E. Spacher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1936, to 2-14, 1936.

I last saw him alive on 2-14, 1936; death is said to have occurred on the date stated above, at 2-14 m. The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury, 1936.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. V. Jones M. D.
(Address) Burley, Idaho

D. C. A. Terhune

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FILE # 244246

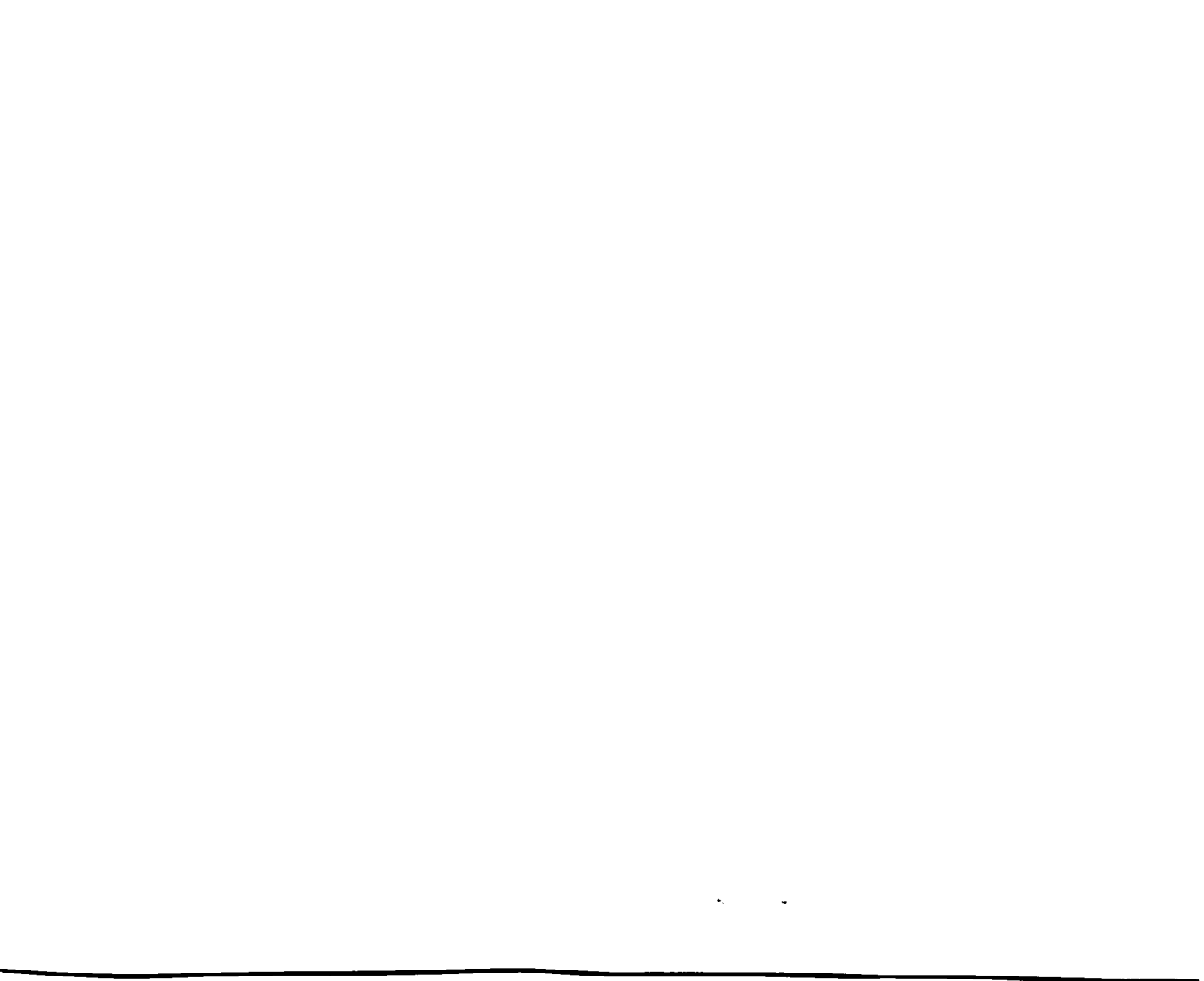
YEAR 1936

IDAHO STILLBIRTH CERTIFICATE



VOID DUP OF 1936-243287

STILLBIRTH



WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

534-102.02-534

1. PLACE OF BIRTH
County of Idaho
City of Coeur d'Alene
No. 701 St **1936** RECEIVED
(If born in hospital or institution give name.) Prim. Registration District No. 1050 Local Registrar's No. 5 A

2. FULL NAME OF CHILD Leon James Elder

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate	8. Date of birth <u>June 8, 1936</u> (Month, day, year)
9. Full name <u>FATHER</u>				18. Full maiden name <u>MOTHER</u> <u>Ethel Rebecca Elder</u>		
10. Residence (usual place of abode) (If non-resident, give place and State)				19. Residence (usual place of abode) (If non-resident, give place and State)		
11. Color or race		12. Age at last birthday (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>26</u> (years)
13. Birthplace (city or place) (State or country)				22. Birthplace (city or place) (State or country) <u>Oregon</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc		
16. Date (month and year) last engaged in this work				25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work				26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>0</u>						
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn						
29. If stillborn, period of gestation				30. Cause of stillbirth		
Before labor				During labor		

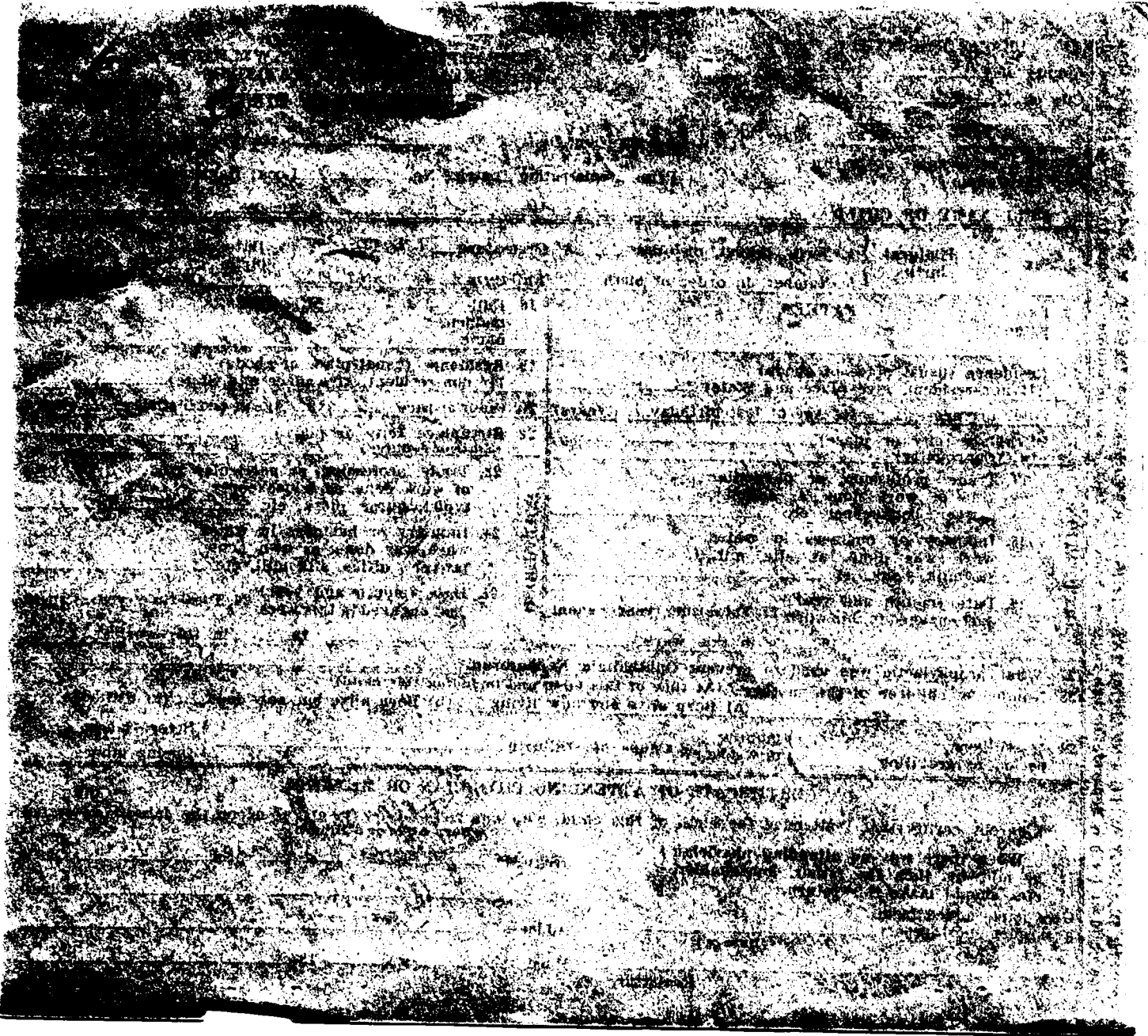
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:15 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) William Sturges, M. D.
or Coeur d'Alene, Ida Midwife
Address E. L. Spohn, M.D.
Filed July 6, 1936 E. L. Spohn, M.D. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Blaine
City of Blaine

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100066

AUG 10 1936 RECEIVED

Registration District No. 30Registration District No. 1050Local Registrar's No. 137

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Leo James Elder
(a) Residence, No. 1012 Front Ave. Coeur d'Alene Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of no
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 8 - 1936

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene Idaho
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Ethel Elder

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Ethel Elder
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place St. Thomas Cemetery Date June 8, 1936

19. UNDERTAKER Mooney Mortuary
(Address) Coeur d'Alene Idaho

20. FILED 8-13, 1936 E. R. Spohn, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Still Born, 1936, to 1936

I last saw him alive on June 8, 1936; death is said

to have occurred on the date stated above, at 5 a m. m.

The principal cause of death and related causes of importance

were as follows: 7 mos. fetus.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Robert Huges M. D.

(Address) Coeur d'Alene Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

61P-130-289
JUL 7 1936 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
244284

County Latah
City of Henrieville
No. _____ St. _____
Registration District No. 03 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2143 Local Registrar's No. _____

2. FULL NAME OF CHILD Infant Ware

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>June 7, 1936</u> (Month, Day, Year)
-----------------------	--	--	--------------------------------	---

9. Full name <u>Lloyd F. Ware</u>	FATHER	18. Full maiden name <u>Marjorie M. Christensen</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Henrieville</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Henrieville</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>17</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>23</u> (years)
13. Birthplace (city or place) (State or Country) <u>May, Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Southwick, Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 months { months or weeks } 30. Cause of stillbirth { Developmental defect. Before labor During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

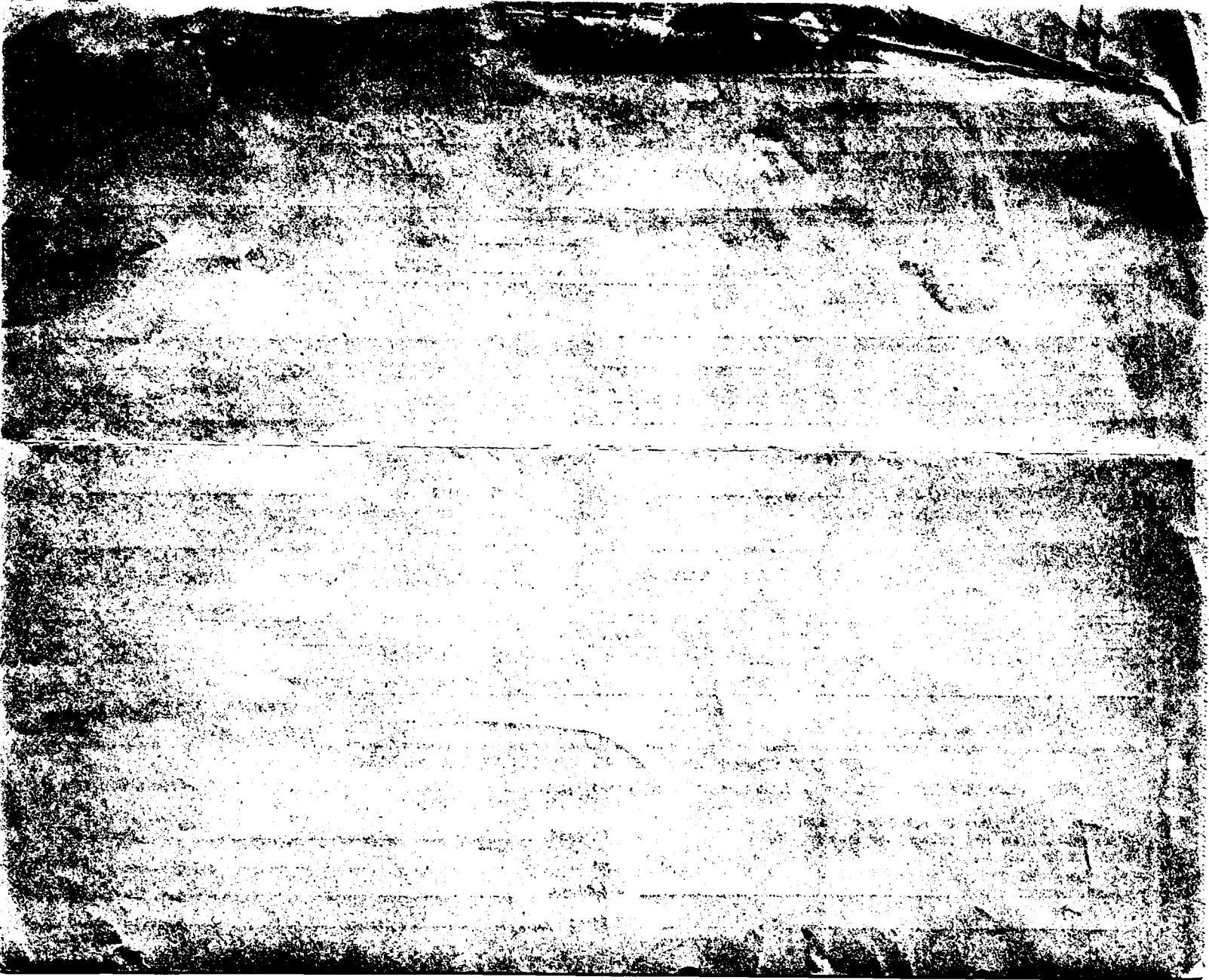
I hereby certify that I attended the birth of this child, who was Stillborn 4:00 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) B. F. Neabel, M. D.
or _____, Midwife

Address Henrieville, Idaho
Filed July 3, 1936 B. F. Neabel
Registrar, Registrar,



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Latah</u>		CERTIFICATE OF DEATH		State File No. <u>99291</u>	
City of <u>Kendrick</u>		Registration District No. <u>63</u>		Local Registrar's No. <u>6</u>	
Primary Registration District No. <u>2143</u>					
<div style="display: flex; justify-content: space-between;"> <div> JUL 7 1936 RECEIVED (If death occurred in a hospital or institution, give its name instead of street and number.) </div> <div> 706 </div> </div>					
2. FULL NAME <u>Infant Wase</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>June 30, 1936</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 0 min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Kendrick</u> (State or country) <u>Idaho</u>					
13. NAME <u>loyd F Wase</u>					
14. BIRTHPLACE (city or town) <u>New Pines</u> (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Georgia M. Christensen</u>					
16. BIRTHPLACE (city or town) <u>Boothwick</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>Mrs. L. F. Wase</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Kendrick</u> Date <u>July 1, 1936</u>					
19. UNDERTAKER <u>None</u> (Address)					
20. FILED <u>July 3, 1936</u> <u>B. S. Wadell</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>June 30, 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.					
I last saw h_____ alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Congenital heart disease</u>					
<u>Embryoma</u>					
<u>Polyhydramnios</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Dr. Christensen</u> , M. D.					
(Address) <u>Kendrick, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

Other CONTRIBUTORY CAUSES of importance:

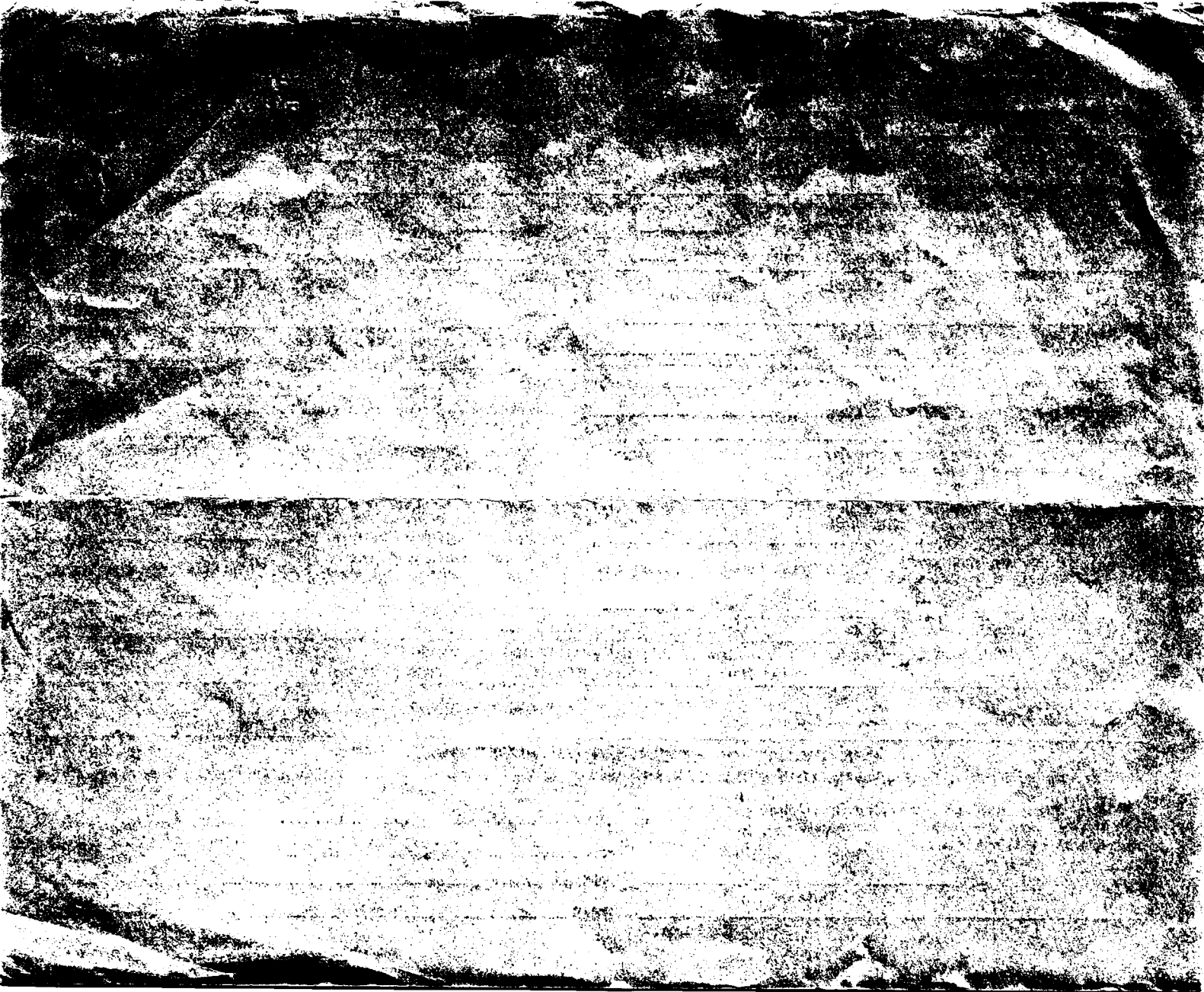
Gallstones

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		JUN 11 1936 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 244295	
County of <u>Latah</u>		City of <u>Moscow</u>		No. <u>845 East 7th</u> St.		Registration District No. <u>61</u> State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1011</u>		Local Registrar's No. <u>224</u>			
2. FULL NAME OF CHILD <u>Still birth</u>							
8. Sex <u>M</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature <u>yes</u> Full term _____		7. Legiti- mate? <u>yes</u>	
8. Date of birth <u>5-26</u> , 19 <u>36</u> (Month, Day, Year)							
9. Full name FATHER <u>Robert Nelson</u>				18. Full maiden name MOTHER <u>Henrietta Hawkins</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Genesee</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Genesee</u>			
11. Color or race <u>W</u> 12. Age at last birthday <u>27</u> (years)				20. Color or race <u>W</u> 21. Age at last birthday <u>23</u> (years)			
13. Birthplace (city or place) (State or Country) <u>Oregon</u>				22. Birthplace (city or place) (State or Country) <u>Montana</u>			
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>None</u>	
16. Date (month and year) last engaged in this work <u>5-25</u> , 19 <u>36</u>		17. Total time (years) spent in this work <u>5 years</u>		25. Date (month and year) last engaged in this work <u>5-25</u> , 19 <u>36</u>		26. Total time (years) spent in this work <u>1 year</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>7 months</u> { months or weeks				30. Cause of Stillbirth <u>Unknown</u> { Before labor <u>yes</u> During labor _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>8:00</u> a.m. on the date above stated. (Born Alive or Stillborn)							
(Signed) <u>Doyle M. Lochr</u> , M. D.							
or _____, Midwife							
Address <u>Moscow, Idaho</u>							
Filed <u>6-8</u> , 19 <u>36</u> <u>Doyle M. Lochr</u>							
Registrar.							

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99292

Registration District No. 61
Primary Registration District No. 1211 Local Registrar's No. 129
(No. Peterson Home, 845 E. 7th. t.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Nelson

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>5/26/36</u>		
7. AGE	Years	Months Days
If LESS than 1 day hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Moscow,
(State or country) Idaho

13. NAME Robert Nelson

14. BIRTHPLACE (city or town) Deary,
(State or country) Idaho

15. MAIDEN NAME Henrietta Hawkins

16. BIRTHPLACE (city or town) Montana
(State or country)

17. INFORMANT Robert Nelson
(Address) Genesee, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Genesee, Ida. Date 5/26/, 1936

19. UNDERTAKER None
(Address)

20. FILED 6-18-, 1936 W. E. Enghart
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/26 1936

22. I HEREBY CERTIFY, That I attended deceased from , 193 , to , 193 .

I last saw h alive on , 193 : death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Still birth

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Douglas M. Lueh, M. D.
(Address) Moscow, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Minnesota
City of Rupert

No. JUL 3 1936 RECEIVED

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Stiehlman

3. Sex
Female

If plural
births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature yes
Full term

7. Legiti-
mate? yes

8. Date of
birth 6/24, 1936
(Month, Day, Year)

9. Full
name FATHER
Arley P. Moffitt

10. Residence (usual place of abode)
(If non-resident, give place and State) Rupert

11. Color or race W 12. Age at last birthday 24 (years)

13. Birthplace (city or place)
(State or Country) N. Dakota

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Laborer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

16. Date (month and year)
last engaged in this work

17. Total time (years) spent
in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn,
period of gestation 7 months

months
or weeks

30. Cause of stillbirth
probably mal formed
Placenta

Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stiehlman at 11:50 A. M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report

(Date of)

(Signed) ET Elmore, M. D.

or _____, Midwife

Address Rupert

Filed 6/30, 1936 ET Elmore

Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

244346

Registration District No. 19 State File No.

Prim. Registration District No. 2015 Local Registrar's No. 97

S

143

P

MARGIN RESERVED FOR BINDING

County of Minnesota
City of Rapid

Registration District No. 19

State File No. 99326

JUL 3 1936 RECEIVED

Primary Registration District No. 2015

Local Registrar's No. 32

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female	4. Color or Race white	5. Single, Married, Widowed or Divorced (write the word) Married
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *child*

6. DATE OF BIRTH (month, day, and year) 6/24/36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		Stillborn		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chief*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation
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12. BIRTHPLACE (city or town) Rupert
(State or country) Idaho

13. NAME Arley R. Malbitt

14. BIRTHPLACE (city or town)... *Katch*
(State or country) *Kabul*

15. MAIDEN NAME Verna Lucille Thompson

16. BIRTHPLACE (city or town).....
(State or country) Miami

17. INFORMANT (Address) Arley R. Maffitt

18. BURIAL, CREMATION OR REMOVAL
Place Pursat Cem. Date 6/35 1936

19. UNDERTAKER (Address) W. A. Goodman

20. FILED 6-30, 1936 E. E. Moore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/24/93

22. I HEREBY CERTIFY, That I attended deceased from
 6/24, 1936, to 6/24, 1936

I last saw Stellman Stellman alive on, 193...: death is said to have occurred on the date stated above, at 11:50 a.m.

[illegible]

mat. formed placenta
(child born at $1\frac{1}{2}$ months
gestation)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so specify no

(Signed) *R. J. Moore* M.D.
(Address) *Riverside*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

466-231-235-415

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston, Ida.
No. The White Hospital St. JUL 10 1936 RECEIVED
Registration District No. 96 State File No. 244360

(If born in hospital or institution give name.) Prim. Registration District No. 96 Local Registrar's No. _____

2. FULL NAME OF CHILD Guy Regina Moore

3. Sex <u>Y</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth <u>1</u>	6. Premature <input checked="" type="checkbox"/> Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>May 31, 1936</u> (Month, Day, Year)
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9. Full name FATHER <u>Robert W. Moore</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Cottonwood, Ida.</u>	11. Color or race <u>Wh.</u>	12. Age at last birthday <u>21</u> (years)	13. Birthplace (city or place) (State or Country) <u>Samiah, Ida.</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck driver</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____
--	---	------------------------------	--	--	--	--	---	---

18. Full maiden name MOTHER <u>Ara Maede</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Cottonwood, Ida.</u>	20. Color or race <u>Wh.</u>	21. Age at last birthday <u>25</u> (years)	22. Birthplace (city or place) (State or Country) <u>St. Cloud, Minnesota</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____
--	---	------------------------------	--	--	---	--	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn Yes

29. If stillborn, period of gestation 5 months or weeks {

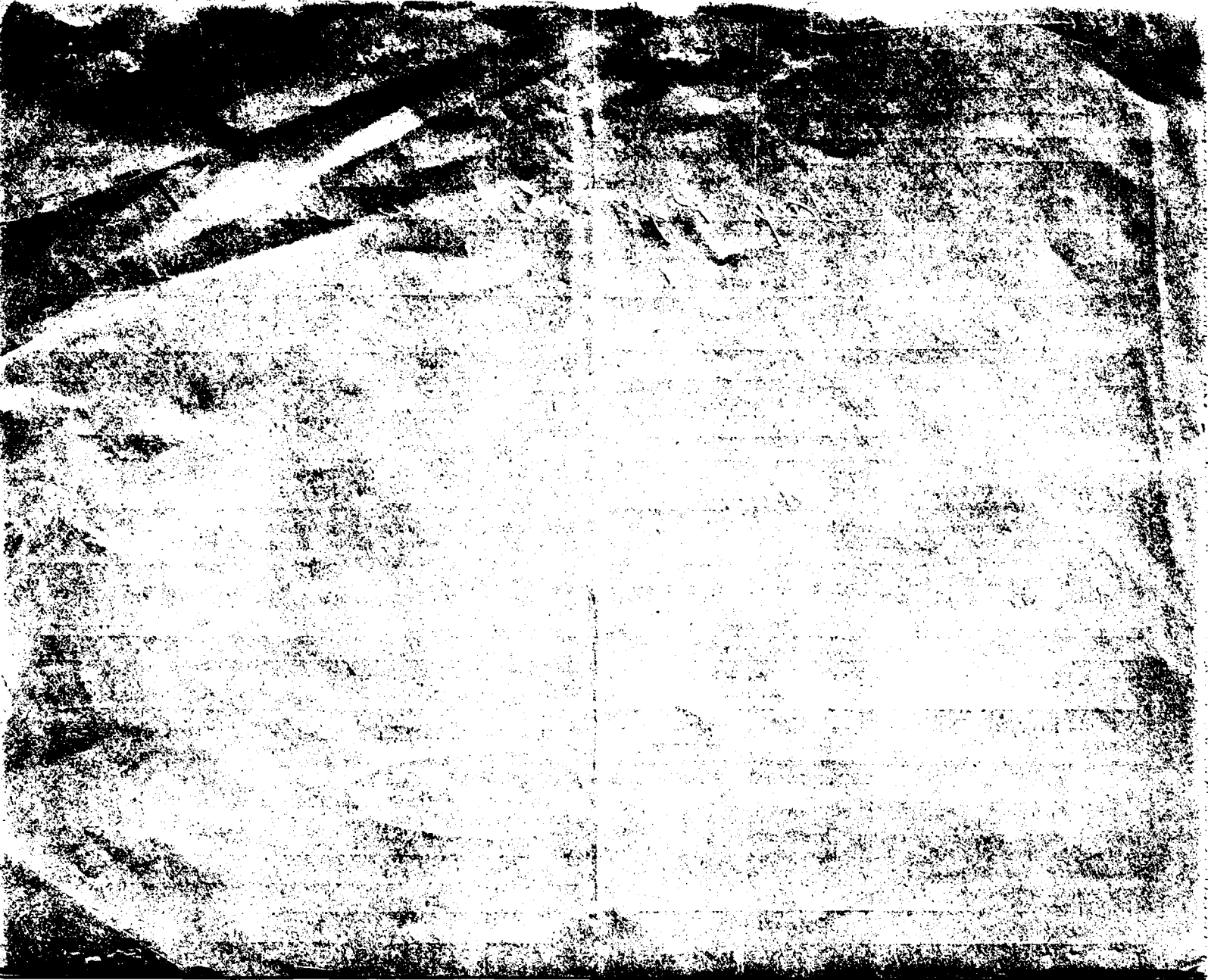
30. Cause of stillbirth Thrombotic abortion
Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 9 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) R. T. Scott, M. D.
or _____, Midwife
Address Lewiston, Ida.
Filed June 20, 1936 M. W. Carter
M. C. Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 26

DO NOT WRITE IN THIS SPACE

State File No. 98920

Local Registrar's No. 106

JUN 12 1936 RECEIVED

(No. White's Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gary Regina Moore

(a) Residence. No. Cottonwood, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 31, 1936

7. AGE Years — Months — Days — If LESS than 1 day, ✓ hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

13. NAME R.W. Moore

14. BIRTHPLACE (city or town) Ramiah (State or country) Idaho

15. MAIDEN NAME Ora Minnie Moede

16. BIRTHPLACE (city or town) Washington (State or country) —

17. INFORMANT R.W. Moore (Address) Cottonwood, Idaho

18. BURIAL, CREMATION OR REMOVAL — Place Cottonwood, Idaho Date June 1st, 1936

19. UNDERTAKER Brower Wann Company (Address) Lewiston, Idaho

20. FILED June 3, 1936 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936, to May 31, 1936. I last saw her alive on May 31, 1936; death is said to have occurred on the date stated above, at 10 A.M. The principal cause of death and related causes of importance were as follows:

Pneumatury
Date of onset —
Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 1936. Where did injury occur? — (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) R. J. Scott, M. D.
(Address) Lewiston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

99-22-235-281
1. PLACE OF BIRTH
County of Nev. Sece
City of Lewiston
No. St. Joseph St. 101936
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Baby Girl Riggs
3. Sex Female If plural { 4. Twin, triplet, or other _____
births { 5. Number, in order of birth _____
6. Premature _____ 7. Legiti-
mate? Yes 8. Date of birth June 22, 1926
(Month, Day, Year)
9. Full name FATHER Joseph Riggs
10. Residence (usual place of abode)
(If non-resident, give place and State) Lewiston
11. Color or race W. 12. Age at last birthday 35 (years)
13. Birthplace (city or place)
(State or Country) Ind. Ho.
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Office Potlatch
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____
16. Date (month and year)
last engaged in this work June 22, 1926
17. Total time (years) spent
in this work 12 years
18. Full maiden name MOTHER Leresa Ryan
19. Residence (usual place of abode)
(If non-resident, give place and State) Lewiston
20. Color or race W. 21. Age at last birthday 26 (years)
22. Birthplace (city or place)
(State or Country) Lamona, Wash.
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. _____
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Housewife
25. Date (month and year)
last engaged in this work _____
26. Total time (years) spent
in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate 1%
28. Number of children of this mother (At time of this birth and including this child)
Two (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, { months
period of gestation _____ or weeks
30. Cause of Stillbirth { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of) _____

Registrar.

(Signed) E. J. Brown, M. D.

or _____, Midwife

Address Lewiston, Idaho

Filed July 7, 1926 by M. C. Caskey Registrar.

1000

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 99328

JUL 10 1936 RECEIVED

Joseph's Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 609

2. FULL NAME Inf Daughter Of Mr. & Mrs. Joe Riggs

(a) Residence. No. _____ St. _____

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston Idaho.
(State or country)

13. NAME Joe Riggs

14. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

15. MAIDEN NAME Teresa Ryan

16. BIRTHPLACE (city or town) Washington
(State or country)

17. INFORMANT Joe Riggs
(Address) Lewiston, Ida ho

18. BURIAL, CREMATION OR REMOVAL Place Lewiston, Idaho 6/22/36, 1936

19. UNDERTAKER Vassar Shaughnessy-Rawls
(Address) Lewiston Idaho

20. FILED July 7, 1936 M. W. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 22 1936

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936, to June 22, 1936
I last saw h. alive on _____, 1936; death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

Still Born at
Lewiston, Idaho
Cause Unknown

Other contributory causes of importance:

Married by her brother
of Lewiston

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) E. J. Bradstock M. D.
(Address) Lewiston Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

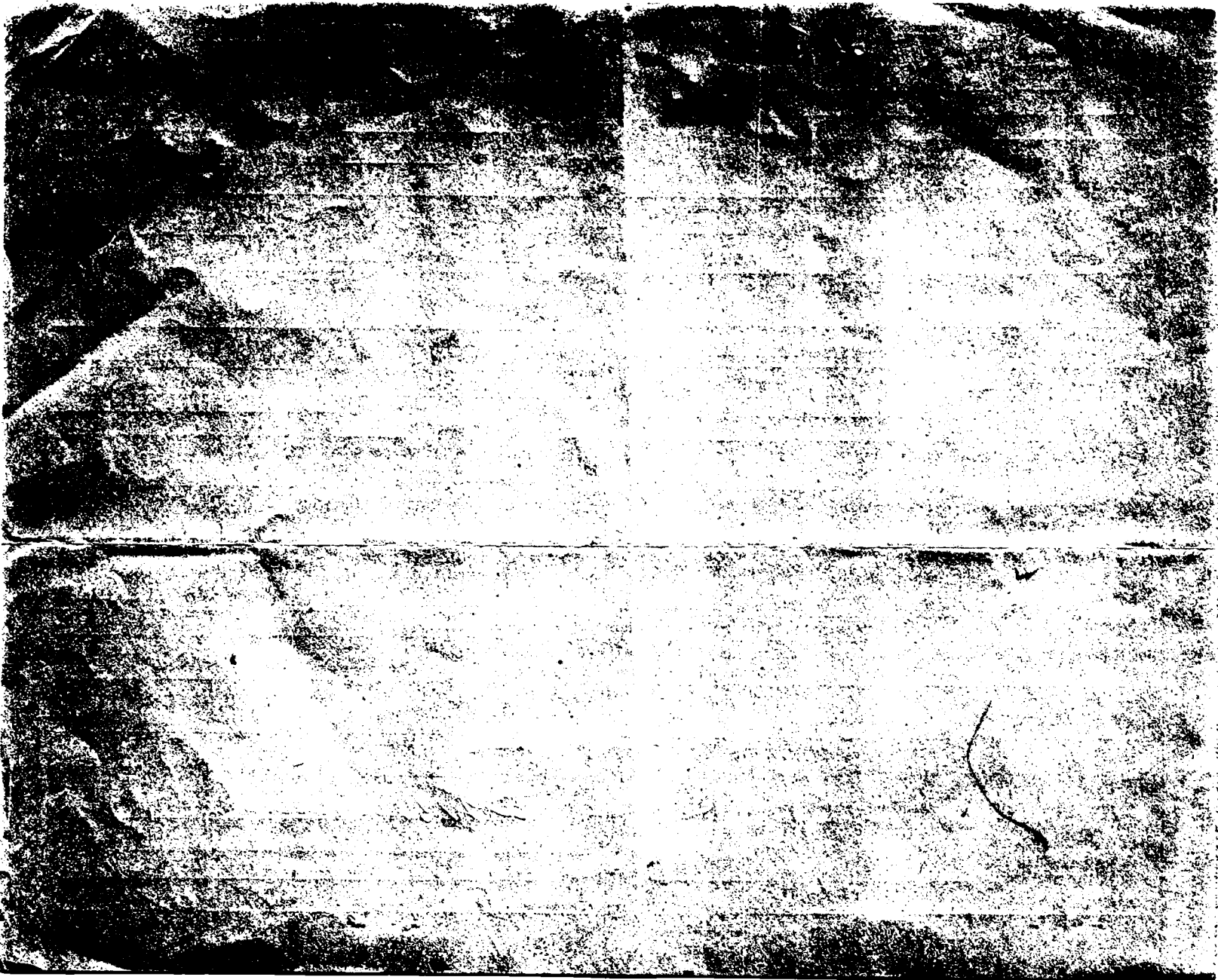
1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar:



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nez Perce
City of Lewiston, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 99358

1919 RECEIVED

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dana Lee Hewett

(a) Residence. No. Clarkston, Wash

(Usual place of abode)

St.

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) *****

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *****

6. DATE OF BIRTH (month, day, and year)
May 21, 1936

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
Still Born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *****

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) ***** 11. Total time (years) spent in this occupation *****

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

13. NAME Loyd Hewett

14. BIRTHPLACE (city or town) Southwick (State or country) Idaho

15. MAIDEN NAME Ruth Kelly

16. BIRTHPLACE (city or town) Alberta (State or country) Canada

17. INFORMANT Loyd Hewett (Address) Clarkston, Washington

18. BURIAL, CREMATION OR REMOVAL Place Clarkston Wash Date May 22, 1936

19. UNDERTAKER H R Merchant (Address) Clarkston, Washington

20. FILED May 23, 1936 J. M. Tyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/21 1936

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1936, to May 21, 1936.

I last saw her alive on May 21, 1936; death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Still Born
as term
no attributable
cause

Other contributory causes of importance:

Name of operation None Date of *****

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ***** Date of injury, 1936.

Where did injury occur? ***** (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. *****

Manner of injury *****

Nature of injury *****

24. Was disease or injury in any way related to occupation of deceased? No If so, specify *****

(Signed) E. B. Braddock M. D.

(Address) Lewiston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., *heart failure*, *asphyxia*, *asthenia*, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

955-1141039-141

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

244412

1. PLACE OF BIRTH County of <u>Power</u> City of <u>Ammon</u> No. <u>Schultz Memorial</u> St. <u>13</u> (If born in hospital or institution give name.)		2. FULL NAME OF CHILD <u>Robert Reese</u>		Registration District No. <u>25</u> State File No. <u>244412</u> Prim. Registration District No. <u>2072</u> Local Registrar's No. <u>157</u>		
3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other <u>—</u>	5. Number, in order of birth <u>—</u>	6. Premature <u>—</u> Full term <u>yes</u>	7. Legiti- mate <u>yes</u>	8. Date of birth <u>June 14, 1936</u> (Month, Day, Year)
9. Full name FATHER <u>William Reese Jr</u>			18. Full maiden name MOTHER <u>Maxine Hartley Adams</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Aberdeen, Ida</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Aberdeen, Ida</u>			
11. Color or race <u>white</u>			12. Age at last birthday <u>27</u> (years)			
13. Birthplace (city or place) <u>Ammon, Idaho</u> (State or country)			22. Birthplace (city or place) <u>Salmon, Idaho</u> (State or country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>nurse</u> <u>housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>farm</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>			
16. Date (month and year) last engaged in this work <u>now</u> , 19 <u>—</u>			17. Total time (years) spent in this work <u>3 yrs</u>			
25. Date (month and year) last engaged in this work <u>now</u> , 19 <u>—</u>			26. Total time (years) spent in this work <u>1 yr</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>						
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>						
29. If stillborn, <u>full term</u> } months } 30. Cause of stillbirth <u>undetermined</u> } Before labor. <u>yes</u> period of gestation <u>—</u> } or weeks } } During labor. <u>—</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 3:40 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Memorandum, M. D.

or —, Midwife

Give name added from a supplemental report —
(Date of) —

Address Aberdeen Idaho

Filed June 20 14, 1936 Bertrude Thomsen

Registrar.

Registrar.

4-10-68

54-254-1

1997

7272

RECEIVED 10-11-61 (AM) 10-11-61
10-11-61 (AM) 10-11-61

100-443887-100

100-443887-100

12-2

1944-1945

1990

1942

10-11-1964

1978年10月1日

10-2-54

1-12-68 H.C. Powell 2402 2

1980

100-443887-100

THE UNIVERSITY OF CHICAGO

1990

100-443887-100

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

1990

1990

1952年1月1日

100-44388-100

1990

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific information required.

100

[illegible]

100

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 99364	
PLACE OF DEATH County of <u>Power</u> City of <u>American Falls</u>			
CERTIFICATE OF DEATH Registration District No. <u> </u> Primary Registration District No. <u> </u> Local Registrar's No. <u>66</u> (No. <u>Schelly Memorial</u>) (If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Robert - Reese</u> (a) Residence, No. <u> </u> St. <u> </u> (Usual place of abode) Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u>			
6. DATE OF BIRTH (month, day, and year) <u>June 14, 1936</u>			
7. AGE Years <u>0</u> Months <u>0</u> Days <u>0</u>	If LESS than 1 day, hrs. or min. <u>0</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
MOTHER	10. Date deceased last worked at this occupation (mo. and yr.) <u> </u>		
	11. Total time (years) spent in this occupation <u> </u>		
FATHER	12. BIRTHPLACE (city or town) <u>American Falls, Idaho</u> (State or country)		
	13. NAME <u>William Reese Jr</u>		
MOTHER	14. BIRTHPLACE (city or town) <u>American Falls, Idaho</u> (State or country)		
	15. MAIDEN NAME <u>Melina H. Adams</u>		
FATHER	16. BIRTHPLACE (city or town) <u>Salmon City</u> (State or country)		
	17. INFORMANT <u>Joe Reese</u> (Address) <u>American Falls</u>		
MOTHER	18. BURIAL, CREMATION OR REMOVAL Place <u>American Falls</u> Date <u>June 14, 1936</u>		
	19. UNDERTAKER <u>French</u> (Address)		
20. FILED <u>June 14, 1936</u> <u>Leatrice Thornhill</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>June 14</u> 193 <u>6</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u> </u> , 193 <u>6</u> , to <u> </u> , 193 <u>6</u> . I last saw him alive on <u> </u> , 193 <u>6</u> . death is said to have occurred on the date stated above, at <u> </u> m. The principal cause of death and related causes of importance were as follows: <u>Still from full term</u> <u>cause of death undetermined</u> Other contributory causes of importance: <u> </u>			
Name of operation <u>none</u> Date of <u> </u> What test confirmed diagnosis?.... Was there an autopsy?..			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury, 193 <u>6</u> . Where did injury occur?..... (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. <u> </u> Manner of injury <u> </u> Nature of injury <u> </u>			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u> </u> (Signed) <u>Memery M. M. D.</u> (Address) <u>American Falls</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

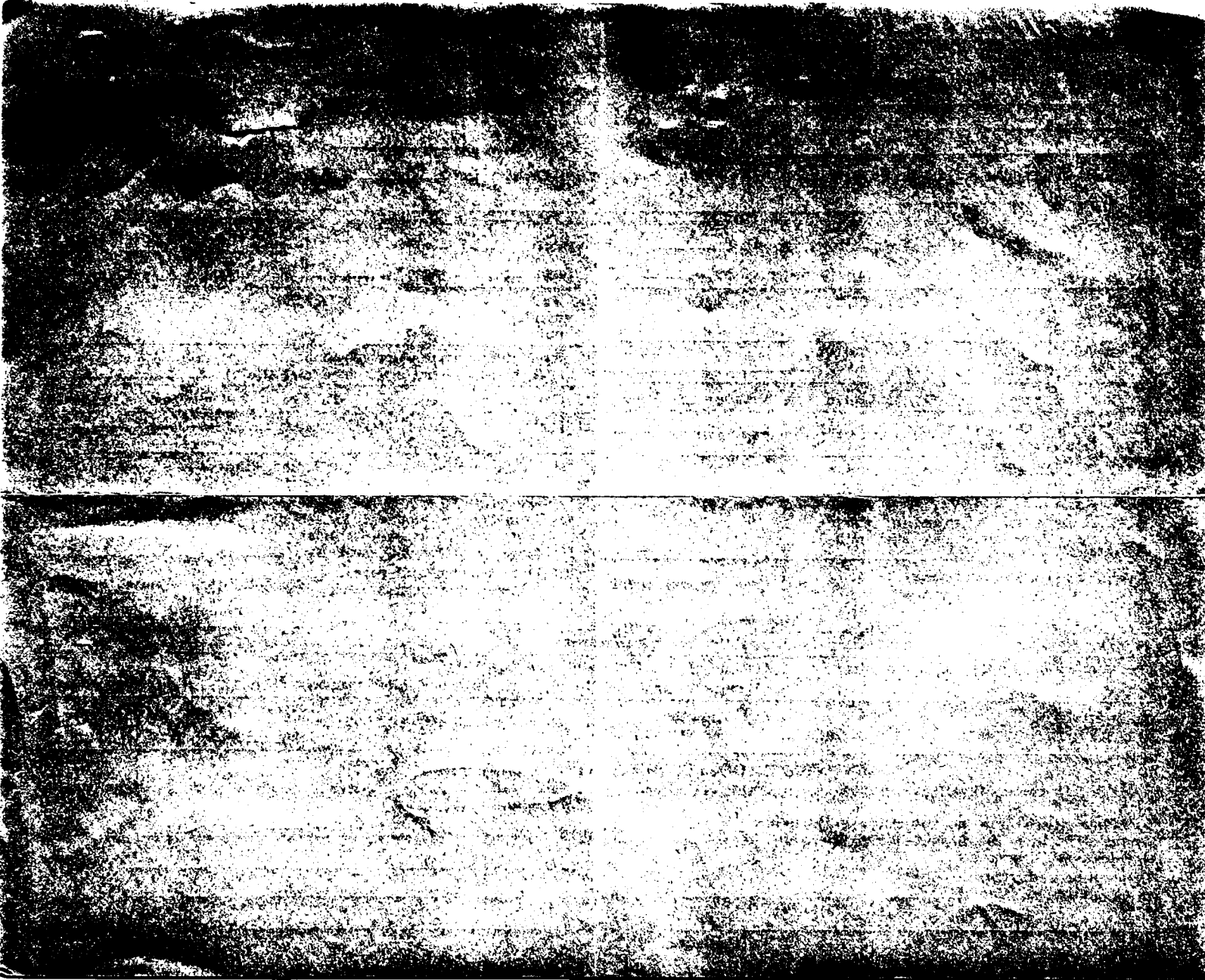
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 253-1141040-245 PLACE OF BIRTH County of <u>Shoshone</u> City of <u>Kelllogg</u> No. _____ St. _____ (If born in hospital or institution give name.) 2. FULL NAME OF CHILD _____		JUN 17 1936 RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. <u>123</u> State File No. <u>244444</u> Prim. Registration District No. <u>2201</u> Local Registrar's No. <u>33</u>		
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>5/14</u> , 193 <u>6</u> (Month, Day, Year)
9. Full name <u>Robert Alfred Beland</u>		18. Full maiden name <u>Grace Ellen Benger</u>		
10. Residence (usual place of abode) <u>Klamath Falls, Oregon</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Klamath Falls, Oregon</u> (If non-resident, give place and State)		
11. Color or race <u>w</u> 12. Age at last birthday <u>24</u> (years)		20. Color or race <u>w</u> 21. Age at last birthday <u>25</u> (years)		
13. Birthplace (city or place) <u>Michigan</u> (State or Country)		22. Birthplace (city or place) <u>Idaho</u> (State or Country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mill Foreman</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work <u>Present</u> , 19____		25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>argyrol - 10%</u>				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>X</u>				
29. If stillborn, period of gestation <u>9 months</u> { months or weeks		30. Cause of Stillbirth { Before labor _____ During labor <u>X</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>Child</u> at <u>3:40</u> m. on the date above stated. (Born alive or Stillborn) (Signed) <u>J. P. Mason</u> , M. D. or _____, Midwife Address <u>Kelllogg, Idaho</u> Filed <u>June 10</u> , 193 <u>6</u> <u>Miss Helen M. Ziehl</u> Registrar. Registrar.				
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ Registrar.				



JUN 11 1936 RECEIVED

PLACE OF DEATH

County of Blackhawk
City of Kellogg

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 98954

Local Registrar's No. 34

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Beland

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant
6. DATE OF BIRTH (month, day, and year) May 14 - 1936
7. AGE Years Months Days If LESS than 1 day... hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.) " 11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) Kellogg, Minn. (State or country)

13. NAME Robert Beland

14. BIRTHPLACE (city or town) Michigan (State or country)

15. MAIDEN NAME Grace Burger

16. BIRTHPLACE (city or town) Michigan (State or country)

17. INFORMANT Robert Beland (Address) 419 2nd Mission

18. BURIAL, CREMATION OR REMOVAL Place Kellogg, Minn. Date May 16 1936

19. UNDERTAKER M. J. Thornhill (Address) Kellogg, Minn.

20. FILED June 10, 1936 Registrar John

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from 193.... to 193....
I last saw h.... alive on 193.... death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Still-Born

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193....

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... so, specify

(Signed) J. P. Mission M. D. (Address) Kellogg, Minn.

MARGIN RESERVED FOR BINDING
N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. County General Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Gertrude Claire Smith (Stillborn)

3. Sex Female
If plural births

4. Twin, triplet, or other.....

5. Number, in order of birth.....

6. Premature yes

Full term

7. Legitimate? yes

8. Date of birth

June 12, 1936
(Month, Day, Year)

9. Full name

FATHER

Mason Rocco Smith

10. Residence (usual place of abode)

(If non-resident, give place and State) 335 Filmore St.

11. Color or race White

12. Age at last birthday 21 (years)

13. Birthplace (city or place)

Wills, Texas

(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.....

16. Date (month and year) last engaged in this work

17. Total time (years) spent last engaged in this work

19..... in this work 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation 6 mo. months or weeks

30. Cause of stillbirth accidental

Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:45 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. F. Passer, M. D.

or Wm. F. Hall, Jr., Midwife

Give name added from a supplemental report.

(Date of)

Address

Filed 7-7-, 1936 J. D. Murphy

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

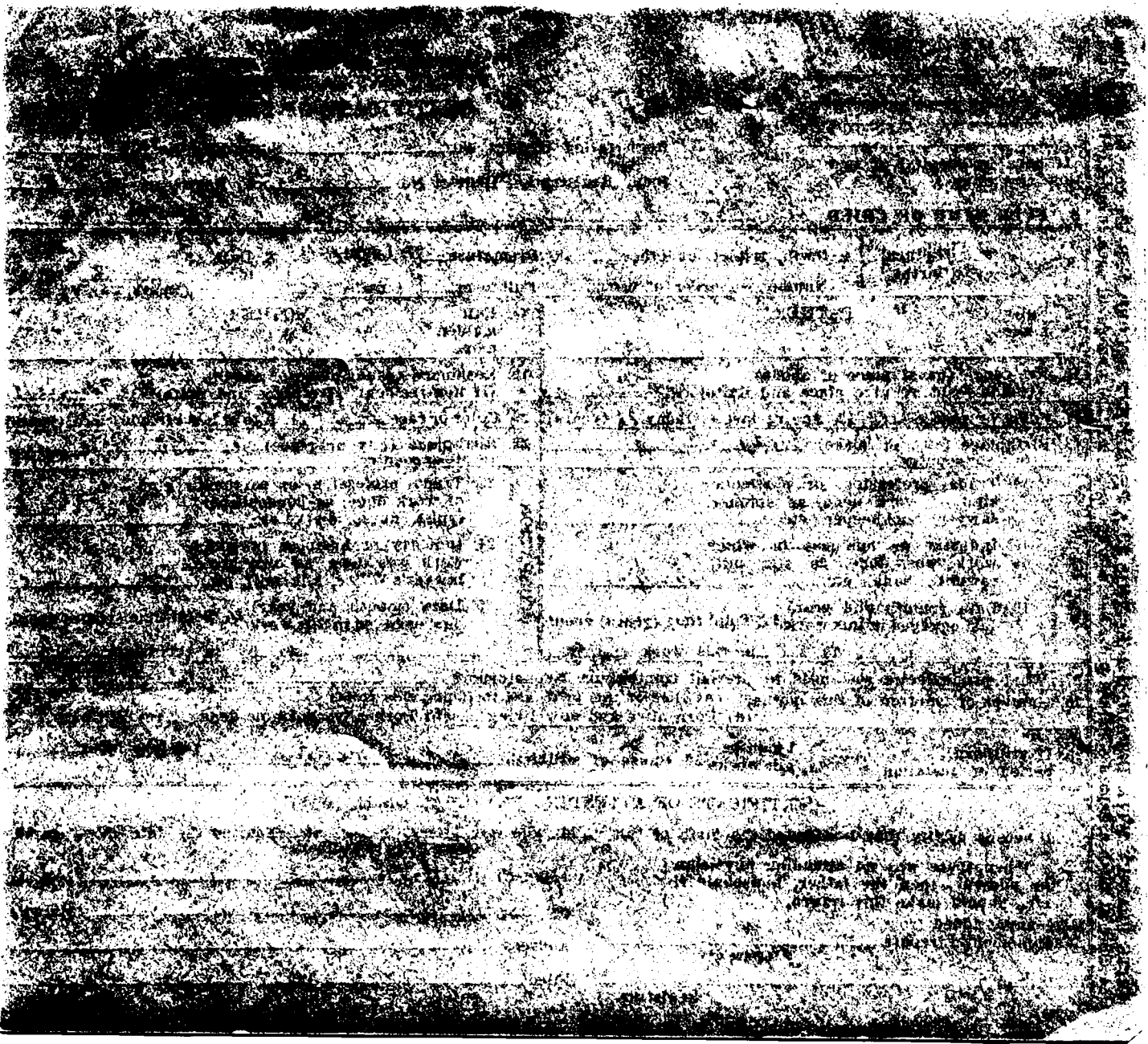
244488

Registration District No. 87

State File No.

Prim. Registration District No. 1685

Local Registrar's No. 318



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 99412

11 1936 RECEIVED

(No. Twin Falls County General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Gertrude Elaine Smith(a) Residence. No. 335 Filmore

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) June 12, 1936
7. AGE Years Months Days If LESS than 1 day hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

MOTHER FATHER 13. NAME M.R. Smith
14. BIRTHPLACE (city or town) Wells
(State or country) Texas
15. MAIDEN NAME Fay Summer
16. BIRTHPLACE (city or town) Missouri
(State or country)

17. INFORMANT M.R. Smith
(Address) Twin Falls, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Ida. Date 6/13, 193619. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho20. FILED 6-15-36, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/12 193622. I HEREBY CERTIFY, That I attended deceased from Stillborn to Stillborn, 1936I last saw him alive on Stillborn, 1936; death is said to have occurred on the date stated above, at 11:50 P. m.
The principal cause of death and related causes of importance were as follows:Premature

Other contributory causes of importance:

Date of onset

Name of operation Stillborn Date of StillbornWhat test confirmed diagnosis? Stillborn Was there an autopsy? Stillborn

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Stillborn Date of injury Stillborn, 1936Where did injury occur? Stillborn
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place. StillbornManner of injury StillbornNature of injury Stillborn24. Was disease or injury in any way related to occupation of deceased? Stillborn If so, specify Stillborn(Signed) W. F. P. Smith, M. D.(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Valley</u> City of <u>McCall</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
No. <u>366-205-013-855</u>		JUL 10 1936 RECEIVED	
(If born in hospital or institution give name.)		Registration No. <u>15</u> State File No. <u>S 244533</u>	
2. FULL NAME OF CHILD <u>Marlene Cook</u>		Prim. Registration District No. _____ Local Registrar's No. <u>37</u>	
3. Sex <u>Female</u>	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term <u>No</u>	7. Legitimate? <u>Yes</u>
8. Date of birth <u>June 5 1936</u> (Month, Day, Year)			
9. Full name <u>Oscar Laverne Cook</u> FATHER		18. Full maiden name <u>Jessie Hendrickson</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>McCall, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>McCall, Idaho</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>31</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>25</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Albion Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Mammoth Utah</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Saw-mill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>June 5, 1936</u>		25. Date (month and year) last engaged in this work <u>June 5, 1936</u>
17. Total time (years) spent in this work <u>One</u>		26. Total time (years) spent in this work <u>7</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>Full term</u> { months _____ or weeks _____		30. Cause of Stillbirth <u>Premature separation during labor</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Full term</u> at <u>6:30</u> p. m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>Baron E. Ward</u> , M. D.			
or _____ Midwife			
Address <u>Cascade Idaho</u>			
Filed <u>June 30, 1936</u>			
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____		Registrar. <u>Wardner R. Hardy</u>	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of *valley*
City of *McCall*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

99414

State File No.

Registration District No.

Primary Registration District No. *15*Local Registrar's No. *8*

JUL 10 1936 RECEIVED

(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME *Marlene Cook*(a) Residence. No. *McCall, Ida.* St. *Ida.*

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed or Divorced, (write the word) *Single*5a. If married, widowed, or divorced HUSBAND or (or) WIFE of *Stillbirth*
6. DATE OF BIRTH (month, day, and year)7. AGE Years Months Days If LESS than 1 day... hrs. or min.
*0 0 0*8. Trade, profession, or particular kind of work done, as *planner, sawyer, bookkeeper, etc.*
9. Industry or business in which work was done, as *silk mill, saw mill, bank, etc.*
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *McCall Idaho*
(State or country)13. NAME *Oscar L Cook*14. BIRTHPLACE (city or town) *Idaho*
(State or country)15. MAIDEN NAME *Jessie Hendricksen*16. BIRTHPLACE (city or town) *Maymoth Idaho*
(State or country)17. INFORMANT *Mrs. O. L. Cook*
(Address) *McCall, Idaho*18. BURIAL, CREMATION OR REMOVAL
Place *McCall, Idaho* Date *Feb. 6, 1936*19. UNDERTAKER *W. H. H. H.*
(Address) *Idaho*20. FILED *June 6 1936*
Registrar *Wardner H. H.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *June 5 1936*22. I HEREBY CERTIFY, That I attended deceased from *Stillbirth*, 193...

I last saw him alive on ..., 193...; death is said to have occurred on the date stated above, at ... m. The principal cause of death and related causes of importance were as follows:

Stillbirth
Premature separation of placenta
Other contributory causes of importance:
Transverse
presenta tion

Name of operation... Date of...

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury... 193...Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) *Wardner H. H.*
(Address) *McCall Idaho*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UN-ADORNED INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bannock</u> City of <u>Pocatello</u> No. <u>101 So. Johnson</u> St. <u>Pocatello General Hospital</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 28 State File No. <u>244725</u> Prim. Registration District No. <u>2161</u> Local Registrar's No. <u>1555</u>	
2. FULL NAME OF CHILD <u>Baby Boy Merrill</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>Twin</u> 5. Number, in order of birth <u>2nd</u>	6. Premature <u>3 mos</u> Full term _____ Legitimate? <u>Yes</u>	8. Date of birth <u>July 17, 1936</u> (Month, Day, Year)
9. Full name <u>Renel Derby Merrill</u>		18. Full maiden name <u>Margaret Jones</u>	
10. Residence (usual place of abode) <u>854 W. Whitman</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Same</u> (If non-resident, give place and State)	
11. Color or race <u>Wh-Am</u>		20. Color or race <u>Wh-Am</u>	
12. Age at last birthday <u>43</u> (years)		21. Age at last birthday <u>40</u> (years)	
13. Birthplace (city or place) <u>Richmond, Utah</u> (State or Country)		22. Birthplace (city or place) <u>Malad, Idaho</u> (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Attorney</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Merrill & Merrill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work <u>Now employed</u> , 19____		25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work _____, 19____		26. Total time (years) spent in this work _____, 19____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>6 mos.</u> { months or weeks		30. Cause of Stillbirth { During labor _____ Before labor <u>Premature</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 11:15 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

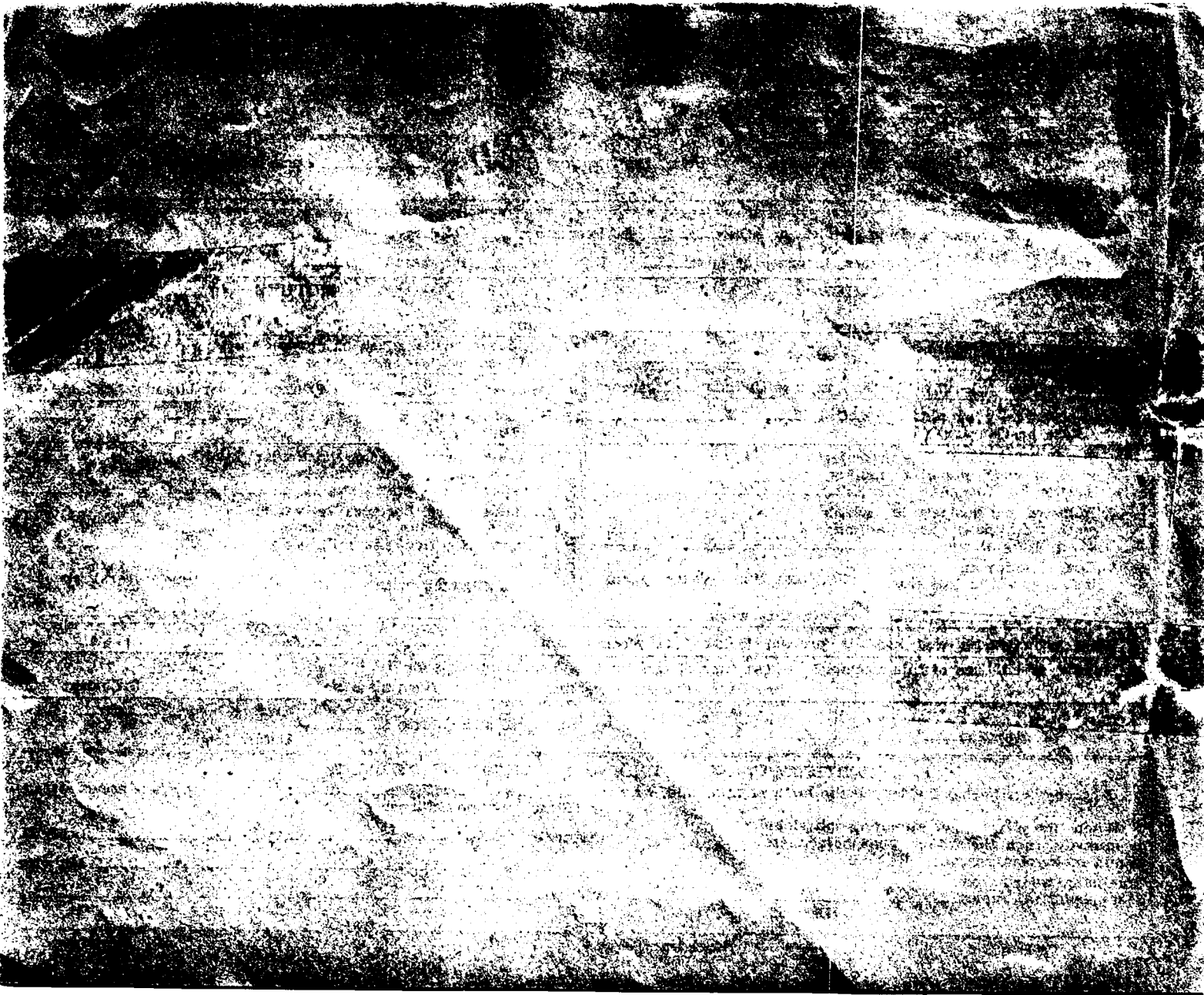
Registrar.

(Signed) [Signature], M. D.

or _____, Midwife

Address Pocatello, Idaho

Filed 8/3, 1936 [Signature] Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99502

AUG 11 1936 RECEIVED

Registration District No. 28Primary Registration District No. 2161Local Registrar's No. 732(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Merrill (Twin)(a) Residence. No. Pocatello, Idaho. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 17, 1936.

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pocatello, Idaho.
(State or country)

13. NAME R. D. Merrill

14. BIRTHPLACE (city or town) Richmond, Utah.
(State or country)

15. MAIDEN NAME Margaretta Jones

16. BIRTHPLACE (city or town) Malad, Idaho.
(State or country)

17. INFORMANT R. D. Merrill
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date July 17, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED July 20, 1936. D. Chay
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 7/17/36, 193., to _____, 193.

I last saw him alive on _____, 193.: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still Born
6 mos gestation
Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) O. Kessel, M. D.(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 So. Johnson
Pocatello General Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Register District No. 28 State File No. 244726
Prim. Registrar District No. 2161 Local Registrar's No. 1556

2. FULL NAME OF CHILD Baby Boy Merrill

3. Sex Male If plural births { 4. Twin, triplet, or other Twin 5. Number, in order of birth 1st 6. Premature 3 mos. Legitimate? Yes 7. Date of birth July 17, 1936
(Month, Day, Year)

9. Full name FATHER

Reuel Derby Merrill

10. Residence (usual place of abode) 854 W. Whitman
(If non-resident, give place and State)

11. Color or race Wh-Am 12. Age at last birthday 43 (years)

13. Birthplace (city or place) Richmond, Utah
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Merrill & Merrill

16. Date (month and year) last engaged in this work Now employed 17. Total time (years) spent in this work 19

18. Full maiden name MOTHER

Margaret Jones

19. Residence (usual place of abode) Same
(If non-resident, give place and State)

20. Color or race Wh-Am 21. Age at last birthday 40 (years)

22. Birthplace (city or place) Malad, Idaho
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 19 26. Total time (years) spent in this work 19

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6 months { months or weeks

30. Cause of Stillbirth { During labor Before labor Premature

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

A.M.

I hereby certify that I attended the birth of this child, who was at 11:12 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed)

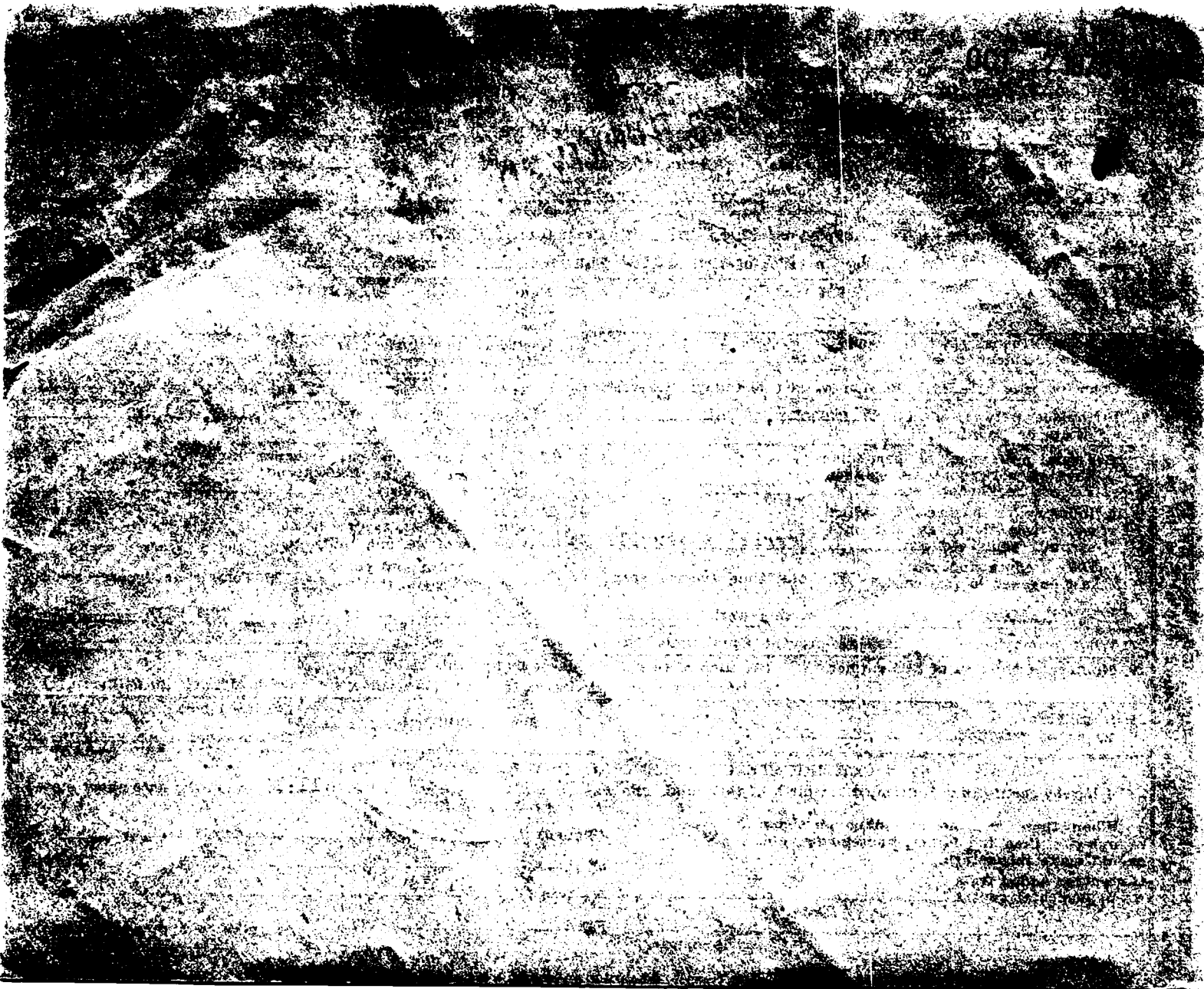
or

Address Pocatello

Filed 8/2, 1936

Midwife

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99501

AUG 11 1936 RECEIVED

Registration District No. 28

Local Registration District No. 2161

Local Registrar's No. 731

(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Merrill (Twin)

(a) Residence. No. Pocatello, Idaho. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. O yrs. O mos. O ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
July 17, 1936.

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	<u>0</u>	<u>0</u>	<u>0</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>
	10. Date deceased last worked at this occupation (mo. and yr.) <u>Infant</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
Pocatello, Idaho.
(State or country)

MOTHER	13. NAME <u>R. D. Merrill</u>
	14. BIRTHPLACE (city or town) <u>Richmond, Utah.</u> (State or country)
	15. MAIDEN NAME <u>Margaretta Jones</u>
	16. BIRTHPLACE (city or town) <u>Malad, Idaho.</u> (State or country)

17. INFORMANT R. D. Merrill
(Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho Date July 17, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED July 20, 1936.
D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 7/17/36, 193, to _____, 193.

I last saw him alive on _____, 193; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Still Borne

Other contributory causes of importance:

6 mos gestation

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193...
Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) D C Ray, M. D.
(Address) Pocatello, Idaho.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. **Examples:**

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 296-31-803466 PLACE OF BIRTH 31-803466
County of Buncombe **AUG 11 1936** **RECEIVED**
City of Pocahontas
No. St. Anthony Hospital Registration District No. 28 State File No. 244764
(If born in hospital or institution give name.) Prim. Registration District No. 2161 Local Registrar's No. -1581

2. FULL NAME OF CHILD Stillborn Bacon

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legitimate? <u>yes</u>	8. Date of birth <u>July 31, 1936</u> (Month, Day, Year)
9. Full name FATHER <u>James J. Brown</u>		18. Full maiden name MOTHER <u>Lebbie Moore</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>158 N. 1st St.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>158 N. 1st St.</u>		
11. Color or race <u>Negro</u>		12. Age at last birthday <u>33</u> (years)		
13. Birthplace (city or place) <u>Fort Gibson, Oklahoma</u> (State or Country)		20. Color or race <u>Negro</u>		
		21. Age at last birthday <u>38</u> (years)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>2 P. A.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		
16. Date (month and year) last engaged in this work <u>Present, 1936</u>		17. Total time (years) spent in this work <u>3 yrs</u>		25. Date (month and year) last engaged in this work <u>Present, 1936</u>
		26. Total time (years) spent in this work <u>5 yrs</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____				
28. Number of children of this mother (At time of this birth and including this child) <u>6</u> (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn <u>4</u>				
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m, on the date above stated.

(Born Alive or Stillborn)

(Signed) William F. Howard, M. D.

or _____, Midwife

Address Pocahontas

Filed 8/5, 1936 W. C. Ray

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

CERTIFICATE OF BIRTH

RECEIVED

Form with multiple sections for birth information, including fields for name, date, and location. The form is heavily obscured by noise and artifacts.

1. Name of Child: _____

2. Date of Birth: _____

3. Place of Birth: _____

4. Sex: _____

5. Signature of Parent: _____

6. Signature of Registrar: _____

7. Date of Registration: _____

8. Address: _____

9. Other Information: _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

99487

State File No.

AUG 11 1936 RECEIVED

Registration District No. 28Registration District No. 2161Local Registrar's No. 777

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Brown, Jr.

(a) Residence. No. 151 North 1st St. St.
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 7 Months 7 Days 7 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

13. NAME James Brown

14. BIRTHPLACE (city or town) unknown
(State or country) Idaho

15. MAIDEN NAME Clemmy Moore

16. BIRTHPLACE (city or town) unknown
(State or country) Arkansas

17. INFORMANT James Brown
(Address) Pocatello Idaho

18. BURIAL, CREMATION OR REMOVAL
Place West View Cem. Date Aug 2, 1936

19. UNDERTAKER M. H. H. Funeral Home
(Address) Pocatello Idaho

20. FILED 8/3, 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Stillborn 1936 to July 31, 1936

I last saw him alive on July 31, 1936; death is saidto have occurred on the date stated above, at 6 P. M.The principal cause of death and related causes of importance were as follows: StillbornDate of onset Aug 31

Other contributory causes of importance:

Asphyxiation
Pressure on chest
Labors + large chest

Name of operation Asphyxiation Date of July 31What test confirmed diagnosis? Asphyxiation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury 1936

Where did injury occur? None

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) William H. Howard M. D.(Address) Pocatello Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH, County of <u>Bonneville</u> City of <u>Idaho Falls, Idaho</u> No. <u>2nd Hospital</u> St. _____ (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>Stillborn</u>		AUG 3 1936 RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 244890			
3. Sex <u>Male</u> If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature <u>yes</u> 7. Legitimate? <u>yes</u> Full term _____		8. Date of birth <u>6-7-1936</u> (Month, Day, Year)	
9. Full name FATHER <u>Clyde Halverson</u>		18. Full maiden name MOTHER <u>May Thomas</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls, Ida.</u>			
11. Color or race <u>White</u> 12. Age at last birthday <u>44</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>32</u> (years)			
13. Birthplace (city or place) (State or Country) <u>Brunswick, Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Mackay, Idaho</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Idaho Falls Airport</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
	16. Date (month and year) last engaged in this work <u>June 7, 1936</u>			25. Date (month and year) last engaged in this work <u>June, 1936</u>	
17. Total time (years) spent in this work <u>3 Mon.</u>		26. Total time (years) spent in this work <u>2 years</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
28. Number of children of this mother <u>2</u>		(At time of this birth and including this child)			
		(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>6 mon.</u>		{ months or weeks		30. Cause of stillbirth { Before labor. _____ During labor. _____	
		{		{ <u>Placenta Previa</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>3:15</u> p. m. on the date above stated. (Born alive or Stillborn)					
(Signed) <u>[Signature]</u> M. D.					
or _____, Midwife					
Address <u>Idaho Falls, Idaho</u>					
Filed <u>7/14-</u> , 193 <u>6</u> <u>C. J. [Signature]</u>					
Regist. <u>[Signature]</u>					

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Regist. _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99578

AUG 3 1936 RECEIVED

Registration District No. 73

Primary Registration District No. 21V-0

Local Registrar's No. 1356

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Baby Holverson

(a) Residence. No. L.D.S. Hospital

(Usual place of abode)

St. Idaho Falls, Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-7-36

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Three hours

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

13. NAME Clyde Holverson

14. BIRTHPLACE (city or town) Bonneville
(State or country) Idaho

15. MAIDEN NAME May Thomas

16. BIRTHPLACE (city or town) Moskely
(State or country) Idaho

17. INFORMANT Clyde Holverson
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place L.D.S. Hospital Date 6-7-36 1936

19. UNDERTAKER none
(Address)

20. FILED 6/7 1936 C. J. Finn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7 1936 to June 7 1936

I last saw him at birth 1936: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillbirth at about 6th month gestation

Other contributory causes of importance:

Date of onset

6/7/36

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. H. Hays M. D.

(Address) Idaho Falls

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		S
County of	City of	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		
Bonnerville		1936		
Idaho Falls		CERTIFICATE OF BIRTH		244891
No. 101 Hospital St.		Registration District No. 23	State File No.	
(If born in hospital or institution give name.)		Prim. Registration District No. 2150	Local Registrar's No. 394	
2. FULL NAME OF CHILD <u>Stillborn Bloxham</u>				
3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>
		5. Number, in order of birth	Full term	8. Date of birth <u>6-30</u> , 19 <u>36</u> (Month, Day, Year)
9. Full name <u>Alton Bloxham</u>		18. Full maiden name <u>Evelyn Jacobson</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>		
11. Color or race <u>white</u>		20. Color or race <u>white</u>		
12. Age at last birthday <u>24</u> (years)		21. Age at last birthday <u>20</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Idaho Falls, Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Taxi Driver</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
	16. Date (month and year) last engaged in this work <u>June 30</u> , 19 <u>36</u>		25. Date (month and year) last engaged in this work <u>June 30</u> , 19 <u>36</u>	
17. Total time (years) spent in this work <u>1 yr.</u>		26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation <u>6 months</u> { months or weeks		30. Cause of Stillbirth { During labor Before labor <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:15 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

(Signed) Ray Hatch, M. D.

or Idaho Falls, Idaho Midwife

Address Idaho Falls, Idaho

Filed 7/15, 1936 C. J. Harrison

Registrar.

Registrar.

541821

Registration Number No.

Full Registration Number No. (If not in hospital or institution, give name)

DATE NAME OF CHILD

Place
District

NATIONALITY

1. Trade, occupation, or profession
2. Date of birth
3. Date of admission to work
4. Date of discharge from work
5. Date of death

6. Name of employer
7. Name of hospital or institution
8. Name of physician

Signature
of mother

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child who was

born at the residence of the mother
on the day of the month of the year
at the place of birth

(State of)

Signature

(Name)

Address

City

State

Signature

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99577

1936

Registration District No. 73
Primary Registration District No. 21470

Local Registrar's No. 134

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Blosham

(a) Residence. No. L.D.S. Hospital St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced, (write the word) Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 6-30-36
7. AGE Years Months Days If LESS than 1 day hrs. or min.
One hour

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) L.D.S. Hospital
(State or country) Idaho Falls, Ida.

13. NAME Alton Blosham

14. BIRTHPLACE (city or town) Ucon
(State or country) Idaho

15. MAIDEN NAME Evelyn Jacobson

16. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

17. INFORMANT Mrs. Kenneth Walker
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Ida Date June 30, 1936

19. UNDERTAKER
(Address)

20. FILED 6/1, 1936 (Gunn)
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6, 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 6, 30, 1936, to 6, 30, 1936.
I last saw him alive on 6, 30, 1936; death is said

to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Still born
at about 6 months

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) H. B. Gunn
(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bannock</u> City of <u>Bonniers Ferry</u> No. <u>Bonniers Ferry Hospital</u> (If born in hospital or institution give name.)		2. FULL NAME OF CHILD <u>Baby Cash Stillborn</u>	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>4/10</u> Full term _____	7. Legiti- mate? <u>yes</u>
9. Full name FATHER <u>George Cash</u>		18. Full maiden name MOTHER <u>Mabel Elaine Parno</u>	
10. Residence (usual place of abode) (If non-resident, give place and State)		19. Residence (usual place of abode) (If non-resident, give place and State)	
11. Color or race <u>white</u>		20. Color or race <u>white</u>	
12. Age at last birthday <u>43</u> (years)		21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Policeman</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work
17. Total time (years) spent in this work <u>1 year</u>		26. Total time (years) spent in this work <u>6 years</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>12</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation <u>7 months</u> { months or weeks		30. Cause of stillbirth { Before labor <u>operation of placenta</u> During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:15 Pm. on the date above stated.
(Born Alive or Stillborn)

(Signed) E. E. Fry, M. D.

or _____, Midwife

Address Bonniers Ferry, Ida.

Filed May 17-1936 Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

COALS

DECLASSIFICATION AUTHORITY

This document contains information which has been determined to be exempt from automatic declassification under Executive Order 11652, Section 1.05.

The exemption is based on the fact that the information contained herein is of such a nature that its release would be injurious to the national defense.

It is the policy of the Department of Defense to release all information in its possession or control except where it is determined that release would be injurious to the national defense.

When the information in this document is no longer deemed to be of such a nature that its release would be injurious to the national defense, it will be released to the public.

For more information regarding this document, please contact the Office of Management and Administration, Department of Defense.

DATE OF REVIEW: 1987
BY: [Signature]
TITLE: [Signature]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boundary
City of Bonner Ferry

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 29
Primary Registration District No. 2156

DO NOT WRITE IN THIS SPACE

State File No. 99601

AUG 17 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Cash

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color of Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15-1936
7. AGE Years Stillborn Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bonner Ferry, Ida
(State or country)

MOTHER FATHER 13. NAME George Cash

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Mabel Elaine Jones

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT George Cash
(Address) Bonner Ferry, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Bonner Ferry Date May 15-1936

19. UNDERTAKER A. R. Grouch
(Address) Bonner Ferry, Ida

20. FILED May 15-1936
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 15-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h_____ alive on _____, 193____; death is said

to have occurred on the date stated above, at 1:15 A. m.

The principal cause of death and related causes of importance were as follows:

Separation of placenta due to a fall
Exhaustion (Mrs.)

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to exte'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) S. E. Fry M. D.

(Address) Bonner Ferry, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

418-215-011-363
AUG 1, 1936 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
S
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Boundary
City of Bonners Ferry
No. Bonners Ferry Hospital St. _____
(If born in hospital or institution give name.)
Registration District No. 79 State File No. 244978
Prim. Registration District No. 2156 Local Registrar's No. _____

2. FULL NAME OF CHILD Infant girl Mary

3. Sex Female { 4. Twin, triplet, or other none 5. Number, in order of birth 1 6. Premature no 7. Legiti-
{ plural births { 8. Date of birth June 15, 1936
(Month, Day, Year)

9. Full name James A. May FATHER 18. Full maiden name Naomi Dolman MOTHER
10. Residence (usual place of abode) Postville, Ia. 19. Residence (usual place of abode) Postville, Ia.
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W. 12. Age at last birthday 34 (years) 20. Color or race W. 21. Age at last birthday 32 (years)
13. Birthplace (city or place) Postville, Ia. 22. Birthplace (city or place) Postville, Ia.
(State or country) (State or country)

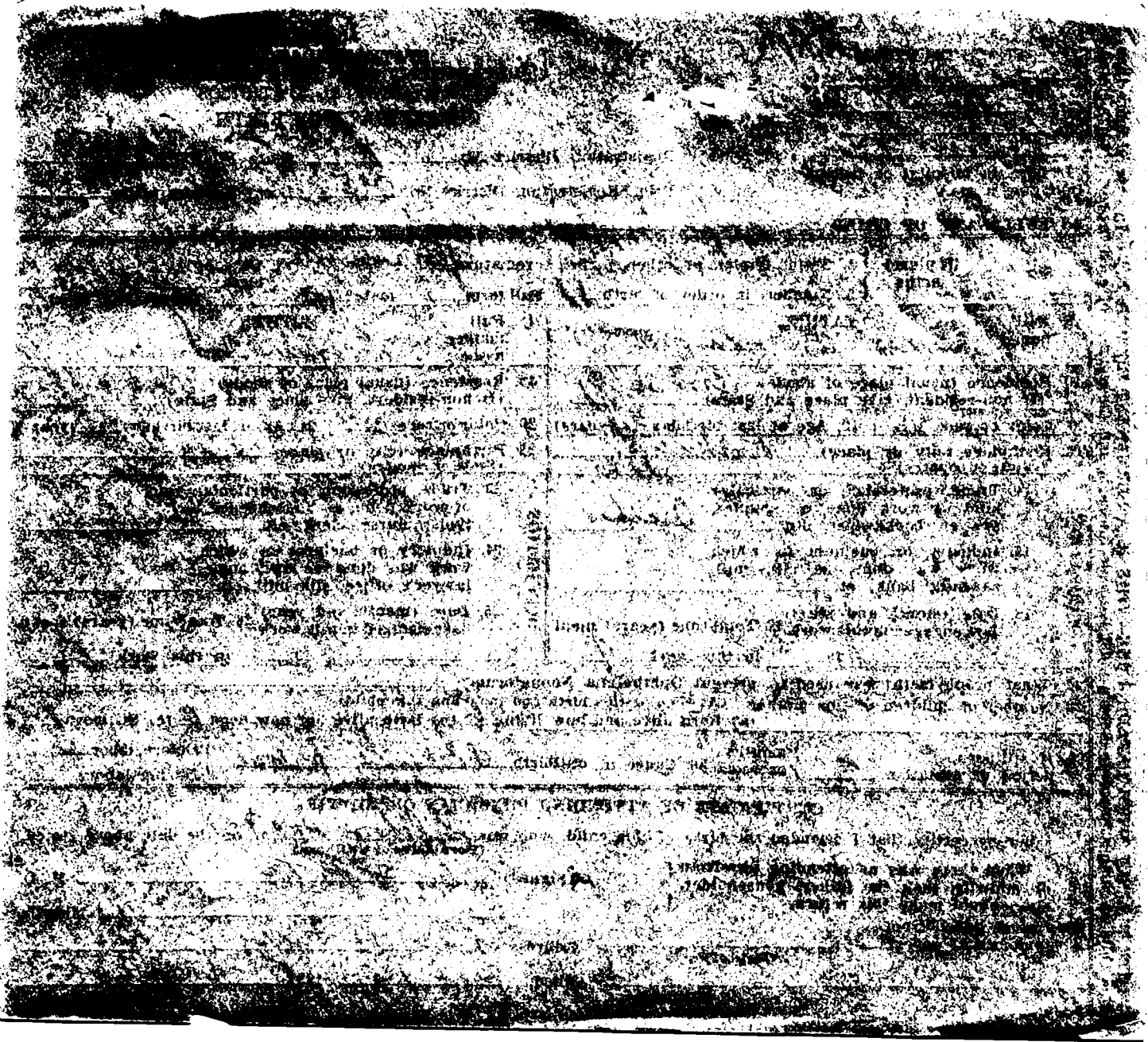
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 7 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation 7 months or weeks { 30. Cause of stillbirth Placenta previa { Before labor. +
During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 30 P. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) _____, M. D.
or _____, Midwife
Give name added from a supplemental report _____ Address Bonners Ferry, Ia.
(Date of) _____ Filed June 15, 1936
Registrar. _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BoundryCity of Bonnars FerrySTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 79Primary Registration District No. 2156(No. Bonnars Ferry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Girl May(a) Residence. No. Port Hill, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed or Divorced (write the word) Single
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

June 15, 1936

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
<u>Stillborn</u>				

OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>	
	10. Date deceased last worked at this occupation (mo. and yr.)	

12. BIRTHPLACE (city or town) Bonnars Ferry
(State or country) Idaho13. NAME James A. May14. BIRTHPLACE (city or town) Rockland
(State or country) Idaho15. MAIDEN NAME Naomi Tolman16. BIRTHPLACE (city or town) Oakley
(State or country) Idaho17. INFORMANT James A. May
(Address) Port Hill, Idaho18. BURIAL, CREMATION OR REMOVAL
Place... Port Hill, Idaho Date 6/16, 193619. UNDERTAKER H. R. Crouch
(Address) Bonnars Ferry, Idaho20. FILED June 15, 1936 E. E. May
Registrar.

DO NOT WRITE IN THIS SPACE

99589

State File No. 706Local Registrar's No. 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 15 36

22. I HEREBY CERTIFY, That I attended deceased from

....., 193...., to , 193....

I last saw h... alive on , 193.... death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Placenta previa
with hemorrhage
premature
(7 months)

Date of onset

June 11-1936

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No.23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury... 193.Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....(Signed) E. E. May, M. D.(Address) Bonnars Ferry, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

413-215-011-363
JUL 17 1936
RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
S
CERTIFICATE OF BIRTH
244979

1. PLACE OF BIRTH Bounded
County of Bounded
City of Banner Ferry
No. Banner Ferry Hospital
(If born in hospital or institution give name.)
Registration District No. 79 State File No. 244979
Prim. Registration District No. 2156 Local Registrar's No. _____

2. FULL NAME OF CHILD Infant Girl Mary

3. Sex Female (If plural births) 4. Twin, triplet, or other Single 5. Number, in order of birth 1 6. Premature No 7. Legitimate Yes 8. Date of birth June 15, 1936 (Month, Day, Year)

9. Full name FATHER James A. May 18. Full maiden name MOTHER Laomi Solomon

10. Residence (usual place of abode) Port Stiff, Ida. 19. Residence (usual place of abode) Port Stiff, Ida.
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 31 (Years) 20. Color or race W. 21. Age at last birthday 32 (Years)

13. Birthplace (city or place) Rolling Meadows, Idaho. 22. Birthplace (city or place) Rolling Meadows, Idaho.
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent last engaged in this work _____ 19. _____ in this work 7 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent last engaged in this work _____ 19. _____ in this work 22

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation 7 months or weeks } 30. Cause of stillbirth Placenta previa } Before labor. ✓
During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Chilton 4-35 at Port Stiff on the date above stated.
(Born Alive or Stillborn)
(Signed) S. S. Fry, M. D.
or _____, Midwife
Address Banner Ferry, Ida.
Filed June 15th, 1936 S. S. Fry, Registrar.

DECLARATION OF THE

... ..

... ..

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... ..

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
 County of Boundary
 City of Bonnors Ferry
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
99588
 State File No.

Registration District No. 79

Primary Registration District No. 2156

Local Registrar's No.

AUG 17 1936

RECEIVED

Bonnors Ferry Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Girl May

(a) Residence, No.

St. Port Hill, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs.

mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) June 15, 1936		
7. AGE Years <u>Shellborn</u> Months Days	If LESS than 1 day, ... hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (mo. and yr.)		
11. Total time (years) spent in this occupation		

OCCUPATION

12. BIRTHPLACE (city or town). Bonnors Ferry...
(State or country) Idaho

MOTHER/FATHER

13. NAME James A. May

14. BIRTHPLACE (city or town) Rockland
(State or country) Idaho

15. MAIDEN NAME Naomi Tolman

16. BIRTHPLACE (city or town) Oakley
(State or country) Idaho

17. INFORMANT James A. May
(Address) Port Hill, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Port Hill, Idaho date 6/16/1936

19. UNDERTAKER H. R. Crouch
(Address) Bonnors Ferry, Idaho

20. FILED June 15, 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/15/1936

22. I HEREBY CERTIFY, That I attended deceased from
....., 193...., to 193....

I last saw h.... alive on 193.... death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

Placenta previa
with hemorrhage
Premature
(7 months)

Date of onset

June 11-1936

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury... 193....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.....

(Signed) H. R. Crouch M. D.

(Address) Bonnors Ferry, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

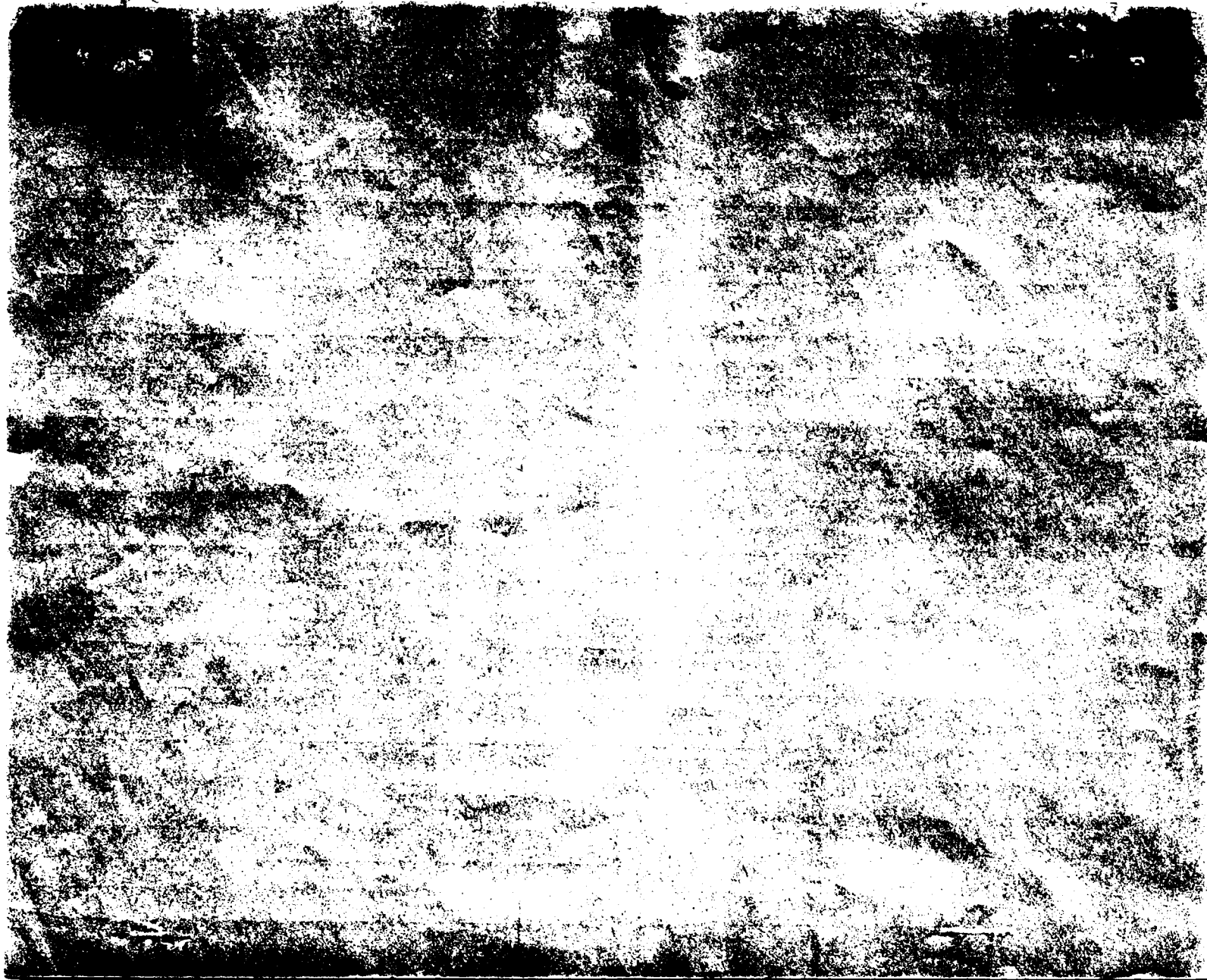
Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

867222-023-128
1. PLACE OF BIRTH
County of Gen
City of Emmett
No. 504 Boise St.
AUG 5 1936 RECEIVED
Registration District No. 6 State File No. S 245450
(If born in hospital or institution give name.) Judith Linda Ann Hope Prim Registration District No. Local Registrar's No.
2. FULL NAME OF CHILD
3. Sex F If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term X mate? Yes 8. Date of 7-22, 1936
(Month, Day, Year)
9. Full name Ervin James Hope FATHER 18. Full maiden name Bertha Mae Ashley MOTHER
10. Residence (usual place of abode) Emmett 19. Residence (usual place of abode) Emmett
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 22 (years) 20. Color or race W 21. Age at last birthday 22 (years)
13. Birthplace (city or place) Rayburgh, Ida 22. Birthplace (city or place) Hamford, Colo
(State or Country) (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation Term { months or weeks _____ 30. Cause of Stillbirth { Before labor unknown
During labor _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at 12:30 a. m. on the date above stated.
(Born alive or Stillborn) _____
(Signed) Edith Ann, M. D.
or _____, Midwife
Address Emmett Ida
Filed 7-31, 1936 Johny Wald Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Sevier
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99665

Registration District No. 6
Primary Registration District No. _____

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Judith Ann Hope

(a) Residence. No. Emmett Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) July 22 - 1936

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

13. NAME Ervin J. Hope

14. BIRTHPLACE (city or town) Idaho
(State or country) _____

15. MAIDEN NAME Betha Mae Ashby

16. BIRTHPLACE (city or town) Colorado
(State or country) _____

17. INFORMANT Ervin J. Hope
(Address) _____

18. BURIAL, CREMATION OR REMOVAL
Place Emmett Id Date 7/22, 1936

19. UNDERTAKER W. B. Beckner
(Address) Emmett Idaho

20. FILED 7/22, 1936 J. H. Rynall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7/22 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h_____ alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Stillborn on above
date - cause unknown
No fetal heart heard
After labor began
Other contributory causes of importance: _____

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. B. Beckner M. D.

(Address) Emmett

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1. PLACE OF BIRTH
 County of Gooding
 City of Gooding
 No. _____ St. _____
Gooding Co Hospital
 (If born in hospital or institution give name.)
 Registration District No. _____ State File No. _____
 Prim. Registration District No. 24 Local Registrar's No. 524

AUG 12 1936 RECEIVED

2. FULL NAME OF CHILD Stillborn Edwards

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth 8-22-1936 (Month, Day, Year)

9. Full name of FATHER John Phillip Edwards 10. Residence (usual place of abode) (If non-resident, give place and State) Ortish 11. Color or race W 12. Age at last birthday 29 (years) 13. Birthplace (city or place) (State or Country) London, Wash

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 16. Date (month and year) last engaged in this work To date 19 _____ 17. Total time (years) spent in this work 14

18. Full maiden name of MOTHER Elena Arlie Chaffield 19. Residence (usual place of abode) (If non-resident, give place and State) Ortish 20. Color or race W 21. Age at last birthday 26 (years) 22. Birthplace (city or place) (State or Country) Reef, Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. wife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____ 19 _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Hyrex 107
 28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
 29. If stillborn, period of gestation 8th { months _____ or weeks _____ 30. Cause of stillbirth Placenta previa { Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1/8 p.m. on the date above stated.

(Born Alive or Stillborn)

(Signed) J. H. Conner, M. D.

or _____, Midwife

Address Shoshone, IdahoFiled 8-21- 1936 J. H. Conner

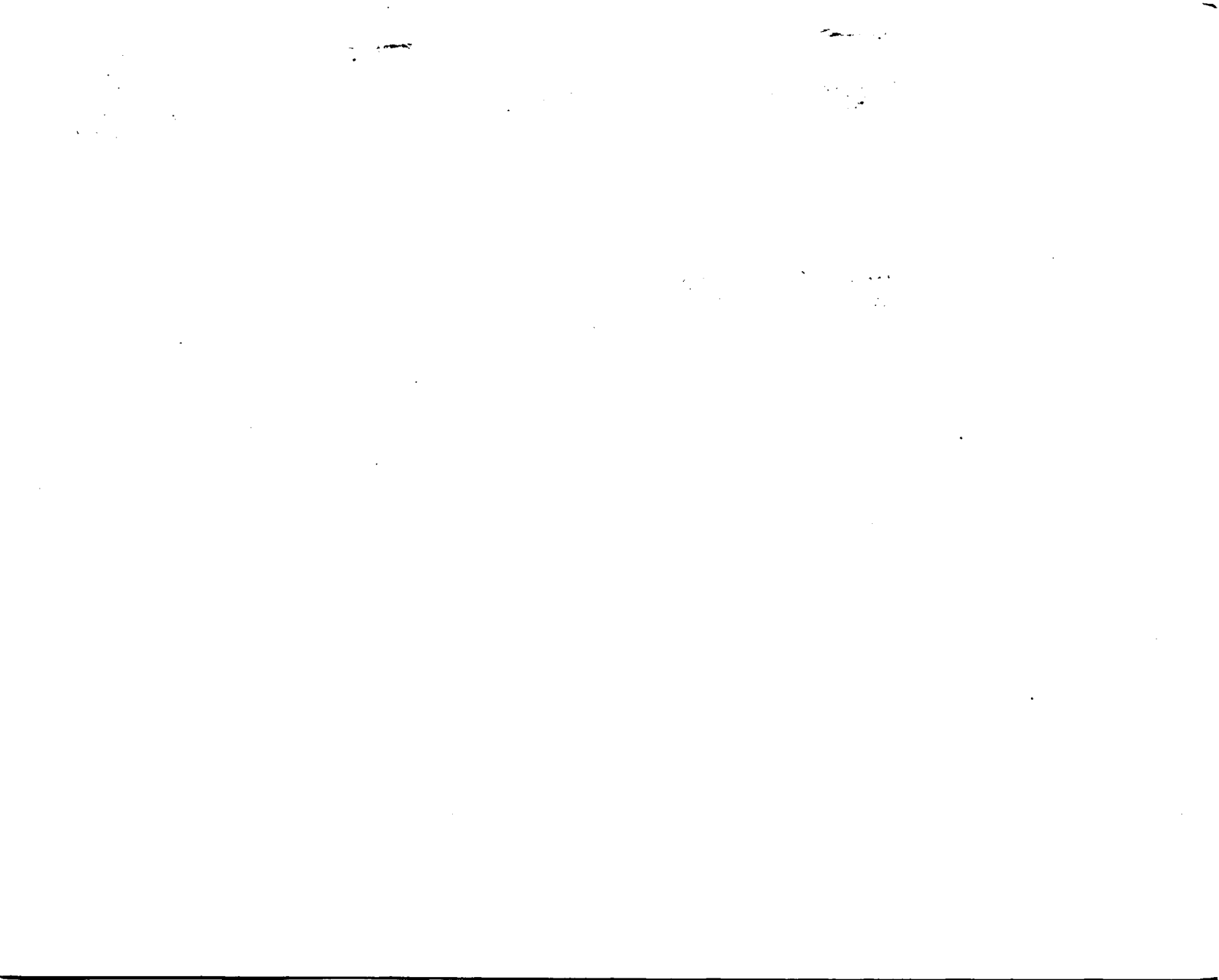
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Iowa
City of Kamiah
No. 293-209031-25 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 245263

(If born in hospital or institution give name.)
Registration District No. 47 State File No. 441
Prim. Registration District No. 47 Local Registrar's No. 441

2. FULL NAME OF CHILD no name

3. Sex girl If plural births { 4. Twin, triplet, or other { 5. Number, in order of birth { 6. Premature? no 7. Legiti- mate? yes 8. Date of birth Aug 29, 1936 (Month, Day, Year)

9. Full name FATHER Charles W. Salmore

18. Full maiden name MOTHER Erma E. See

10. Residence (usual place of abode) (If non-resident, give place and State) Kamiah, Ida

19. Residence (usual place of abode) (If non-resident, give place and State) Kamiah, Ida

11. Color or race W. 12. Age at last birthday 25 (years)

20. Color or race W. 21. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or country) Craigmont, Ida

22. Birthplace (city or place) (State or country) Woodland, Ida

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 10 year

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work May 20, 1936

25. Date (month and year) last engaged in this work May 29, 1936

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living no (b) Born alive but now dead no (c) Stillborn no

29. If stillborn, period of gestation 9 months months or weeks 30. Cause of stillbirth fall 7 mother Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Dead on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Signed) Albert Huff, M. D.

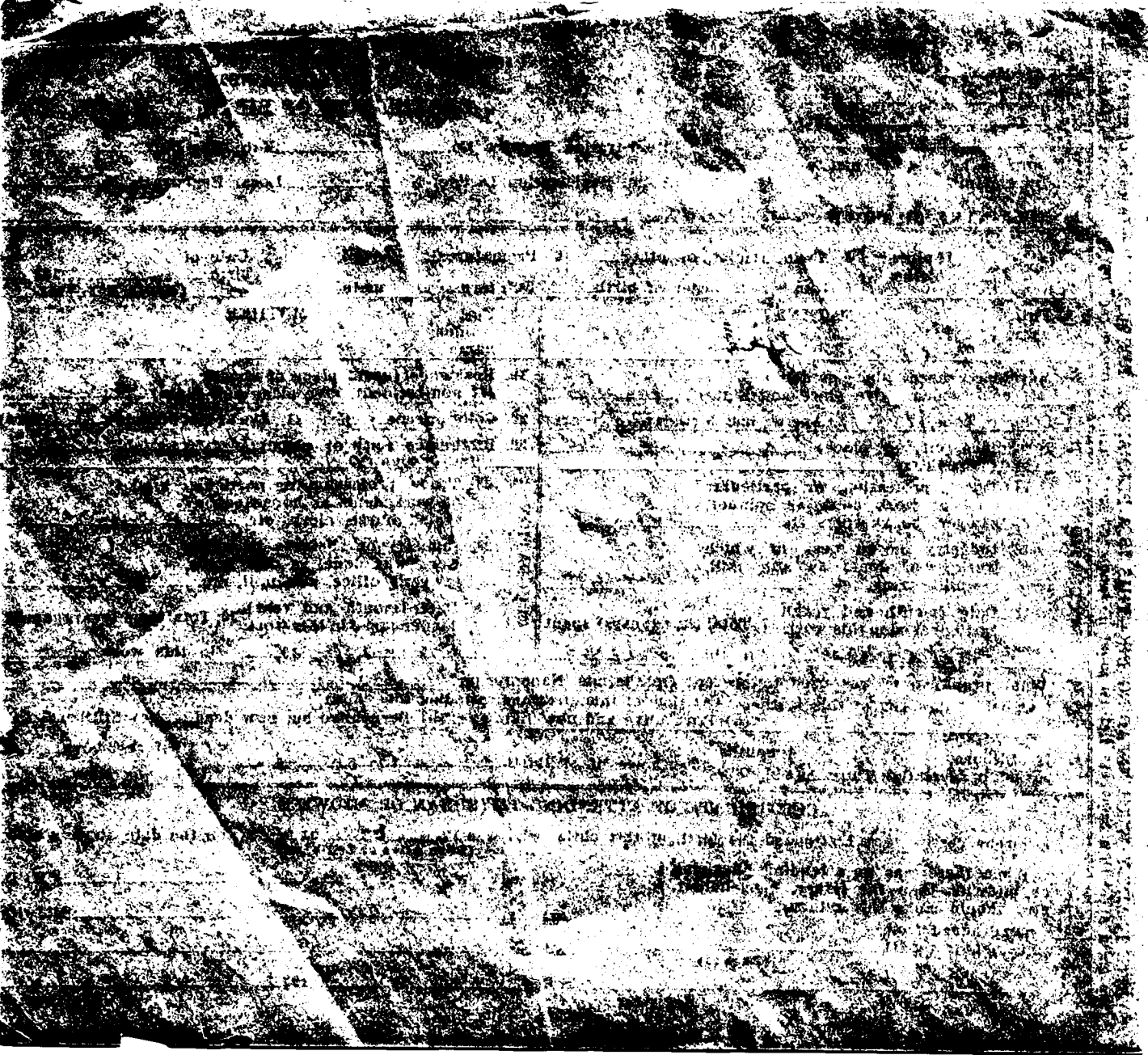
or Physician & Surgeon, Midwife

Address Greggville, Idaho

Filed July 31, 1936

Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 47County of Lewie
City of KamiahPrimary Registration District No. _____
(No. _____ St.)File No. 99718
Registered No. 210

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Stillborn Gilmore

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W -

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Single (Write the word.)

6. DATE OF BIRTH.

May 29 - 1936
(Month) (Day) (Year)

7. AGE

— Yrs. — Mos. — ds.IF LESS than 1 day
how many — hrs. or
— min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or establishment in which employed (or employer).....

9. BIRTHPLACE

(State or Country) Kamiah

10. NAME OF FATHER

Chas Gilmore

11. BIRTHPLACE OF FATHER

(State or Country) Craigmont Ida

12. MAIDEN NAME OF MOTHER

Emma E. See

13. BIRTHPLACE OF MOTHER

(State or Country) Woodland Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clark Stillborn(Address) Kamiah Idaho

15.

Filed July 31 1936Albus Huff

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May - 29 1936
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from — 19— to — 19—.that I last saw him — alive on — 19— and that death occurred on the date stated above, at — M.

The CAUSE OF DEATH* was as follows:

Stillborn(Duration) — Yrs. — mos. — ds.

Contributory (Secondary)

(Duration) — yrs. — mos. — ds.(Signed) Clark Stillborn M. D.19. (Address) Nezperce Ida

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR CREMATION

DATE OF BURIAL

Kamiah CountyMay 29 1936

20. UNDERTAKER

ADDRESS

NezperceKamiah

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated this: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-*

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

1. PLACE OF BIRTH

County of Nez Perce
City of Lewiston
No. St. Joseph St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1009 State File No. 245324Prim. Registration District No. 96 Local Registrar's No. Stillborn

2. FULL NAME OF CHILD

3. Sex M { If plural births } 4. Twin, triplet, or other Not known 5. Premature X 6. Legiti- Yes 7. Date of birth July 29, 1936 (Month, Day, Year)9. Full name FATHER
Boyd Bradford Beckett18. Full maiden name MOTHER
Virginia Ursula Fizzella10. Residence (usual place of abode) Lewiston, Ida
(If non-resident, give place and State)19. Residence (usual place of abode) Lewiston, Ida
(If non-resident, give place and State)11. Color or race W 12. Age at last birthday 20 (years)20. Color or race W 21. Age at last birthday 21 (years)13. Birthplace (city or place) Montana
(State or country)22. Birthplace (city or place) Lewiston, Ida
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Not known)23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

17. Total time (years) spent in this work Life

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn One29. If stillborn, { months } 30. Cause of stillbirth { Before labor }
period of gestation { or weeks } { During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 P.M. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) W. C. Clark, M. D.

or _____, Midwife

Give name added from a supplemental report.

Address Lewiston, IdahoFiled Aug 8, 1936 M. W. Carter

Registrar.

Registrar.

case of more than one child at birth, stated number of each in order of birth, stated

RECEIVED
JAN 11 1941

TO THE DIRECTOR, BUREAU OF INVESTIGATION
FROM THE SAC, NEW YORK
SUBJECT: [Illegible]
[Illegible text follows, appearing to be a memorandum or report.]

[Illegible text continues, including what appears to be a signature and date.]

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99740

Registration District No. 1009

AUG 11 1936 RECEIVED

Registration District No. 96
St. Joseph's Hospital

Local Registrar's No. 650

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Son of Mr. And Mrs. Boyd Beckett

(a) Residence. No. 906-7th St.

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 29, 1936

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----

10. Date deceased last worked at this occupation (mo. and yr.) ----- 11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho

13. NAME Boyd Beckett

14. BIRTHPLACE (city or town) -----
(State or country) Montana

15. MAIDEN NAME Virginia Frizzell

16. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho

17. INFORMANT Boyd Beckett
(Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date July 30, 1936

19. UNDERTAKER Vassar-R. Wls Mortuary
(Address) Lewiston, Idaho

20. FILED Aug 5, 1936 M. H. Caskey
2nd Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-29 1936

22. I HEREBY CERTIFY, That I attended deceased from -----, 193-----, to July 29, 1936

I last saw him alive on -----, 193-----: death is said

to have occurred on the date stated above, at ----- m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Premature

Name of operation ----- Date of -----

What test confirmed diagnosis? ----- Was there an autopsy? -----

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ----- Date of injury -----, 193-----

Where did injury occur? -----
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. -----

Manner of injury -----

Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased? ----- If so, specify -----

(Signed) W. C. Clark M. D.

(Address) Lewiston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston, Ida
No. St. Joseph's St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
245325

(If born in hospital or institution give name.)

36- District No. 1009 State File No. 613360
Prim. Registrar's District No. 06 Local Registrar's No.

2. FULL NAME OF CHILD Dick Jargen Eldwick

3. Sex **Male** If plural births 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature Full term **X** 7. Legitimate? **Yes** 8. Date of birth **July 10 1936** (Month, Day, Year)

9. Full name	FATHER Dick Jargen Eldwick	18. Full maiden name	MOTHER Emma McClain
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10. Residence (usual place of abode) Clarkston
(If non-resident, give place and State) Wash.

19. Residence (usual place of abode) Clarkston
(If non-resident, give place and State) Wash.

11. Color or race... **W** | 12. Age at last birthday **42** (years) | 20. Color or race... **W** | 21. Age at last birthday **27** (years)

13. Birthplace (city or place).....Norway
(State or country)

22. Birthplace (city or place).....Idaho
(State or country)

Z	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bridgeman</u>	Z	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
---	---	---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work	17. Total time (years) spent	25. Date (month and year) last engaged in this work	26. Total time (years) spent
---	------------------------------	---	------------------------------

....., 19.....	in this work....., 19.....	in this work.....
.....	8417	non nitrate

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living... 0 (b) Born alive but now dead... 0 (c) Stillborn... 1

29. If stillborn, Full term } months or weeks } 30. Cause of stillbirth Cord around neck 3 times } Before labor X
period of gestation term } } During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn, at 1 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) U. G. Larson, M. D.

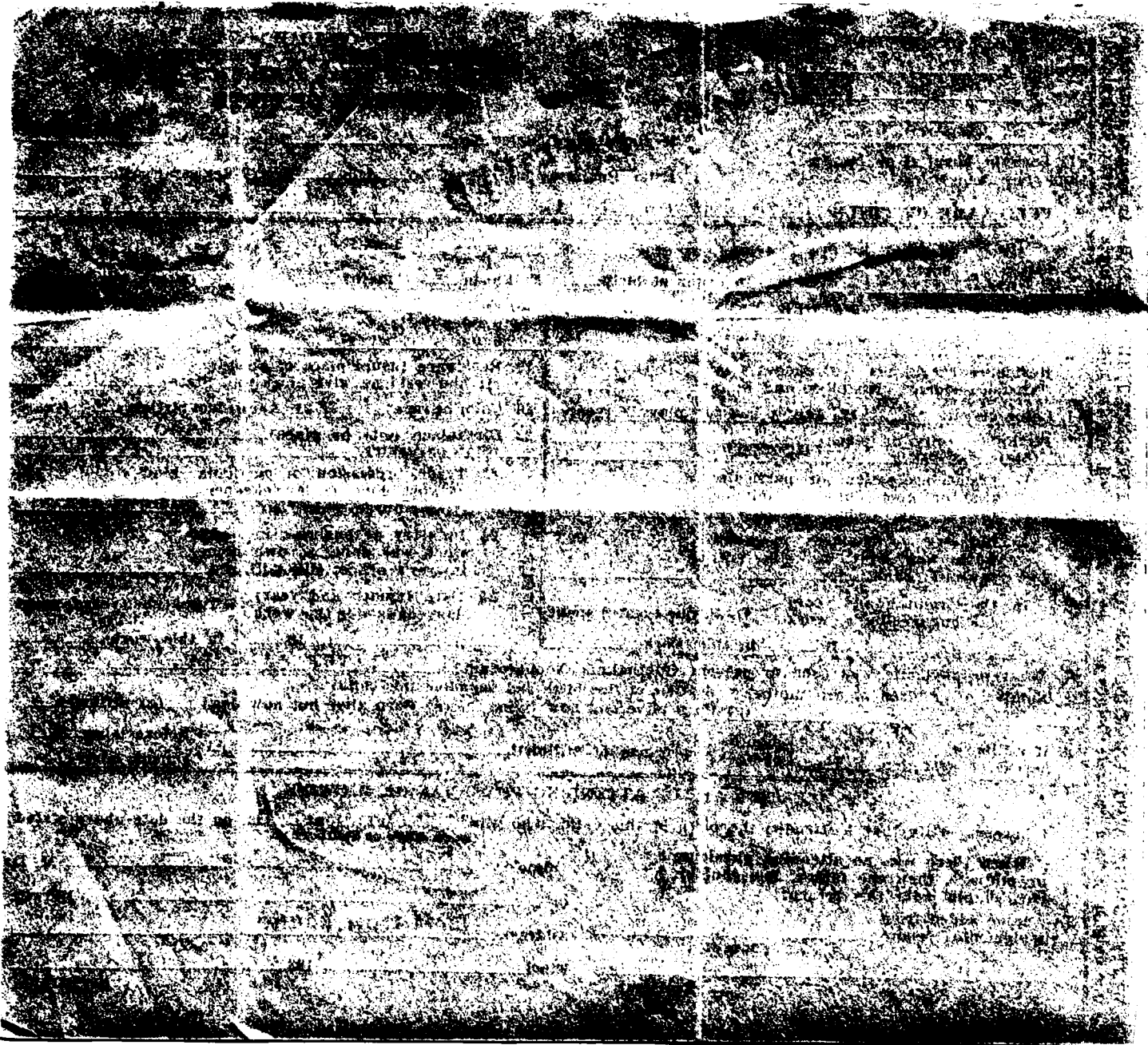
or _____, Midwife

Address Lewiston, Idaho

Filed Aug. 3 1985 TRT/Gastin

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Benewah
City of Lewiston

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

99741

State File No.

Registration District No. 1009

AUG 11 1936 RECEIVED

Primary Registration District No. 96

Local Registrar's No. 629

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Jergen Eldwick

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant
6. DATE OF BIRTH (month, day, and year) July 10th 1936
7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

MOTHER/FATHER

12. BIRTHPLACE (city or town) (State or country) Lewiston Idaho
13. NAME R. J. Eldwick
14. BIRTHPLACE (city or town) (State or country) Norway
15. MAIDEN NAME Emma McClain
16. BIRTHPLACE (city or town) (State or country) Lewiston Idaho
17. INFORMANT (Address) R. J. Eldwick Lewiston, Wash.
18. BURIAL CREMATION OR REMOVAL Lewiston Idaho Date 7/11/1936
19. UNDERTAKER (Address) Proctor-Lynn Co Lewiston Idaho
20. FILED July 14 1936 M. W. Carkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 10th 1936
22. I HEREBY CERTIFY, That I attended deceased from July 10th 1936 to July 10th 1936.
I last saw him alive on near, 1936; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury, 1936.

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed)

(Address)

D. C. Chassey, M. D.
Lewiston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

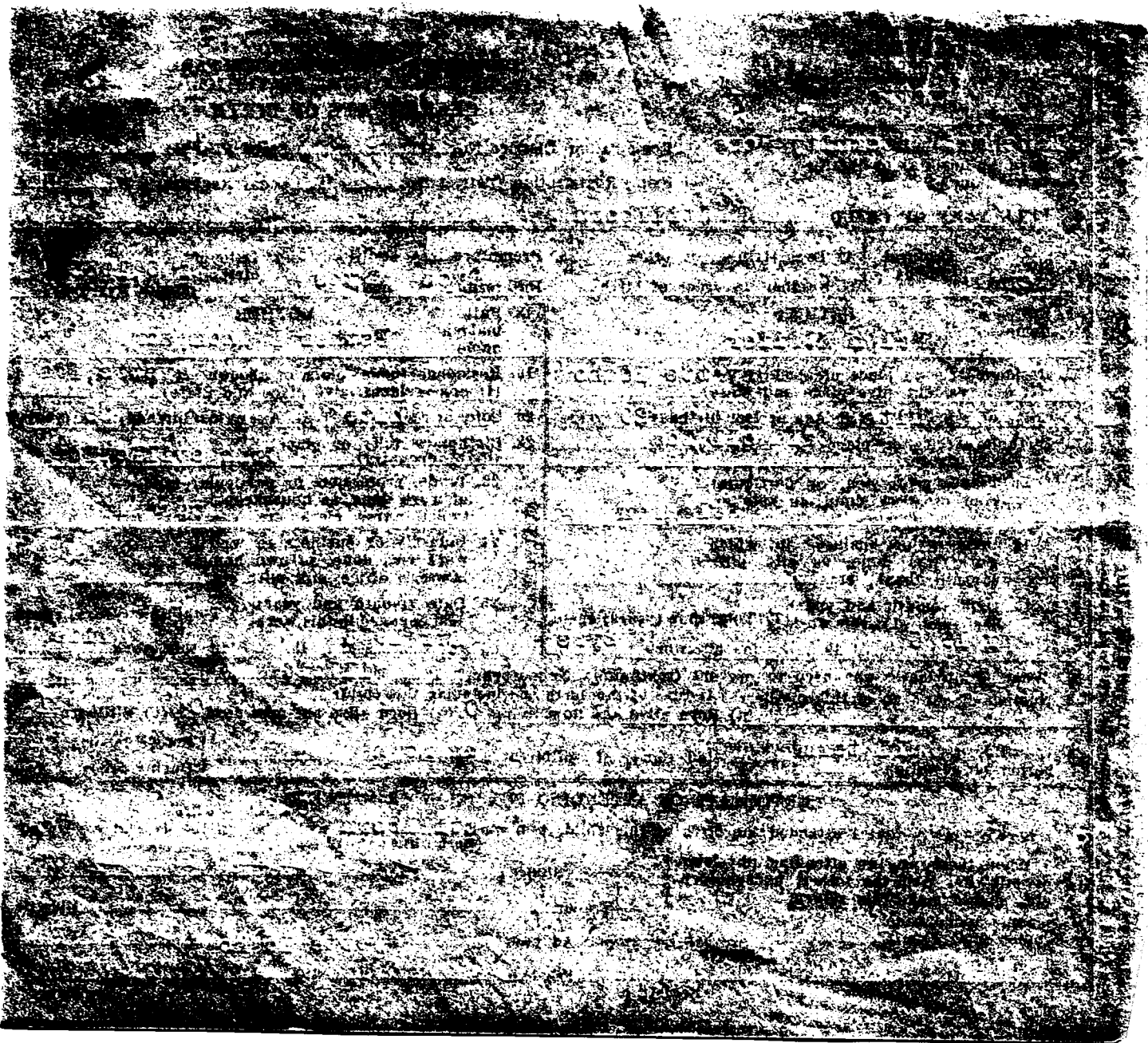
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH			STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		S		
County of <u>Payette</u>			JUN 8 1936 RECEIVED		CERTIFICATE OF BIRTH		245365				
City of <u>Payette</u>			Registration District No. <u>4</u>		State File No. <u>1008</u>		Local Registrar's No. <u>72</u>				
No. <u>St.</u>			Blanchard Maternity Home		(If born in hospital or institution give name.)		Prim. Registration District No. <u>1008</u>		Local Registrar's No. <u>72</u>		
2. FULL NAME OF CHILD			<u>Stillborn</u>								
3. Sex <u>Female</u>		If plural births {		4. Twin, triplet or other {		5. Number, in order of birth {		6. Premature {		7. Legitimate {	
								Full term <u>Yes</u>		mate <u>Yes</u>	
								8. Date of birth <u>Apr 6, 1936</u>		(Month, Day, Year)	
9. Full name			FATHER			MOTHER					
<u>Ralph M. Fifer</u>						<u>Esther B Thompson</u>					
10. Residence (usual place of abode) <u>Payette Idaho</u>			(If non-resident, give place and State)			19. Residence (usual place of abode) <u>Payette, Ida</u>			(If non-resident, give place and State)		
11. Color or race <u>White</u>			12. Age at last birthday <u>29</u> (years)			20. Color or race <u>White</u>			21. Age at last birthday <u>26</u> (years)		
13. Birthplace (city or place) <u>Caldwell, Ida</u>			(State or country)			22. Birthplace (city or place) <u>Grangeville, Ida</u>			(State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>			15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work <u>Apr 1936</u>			17. Total time (years) spent in this work <u>2yrs</u>			25. Date (month and year) last engaged in this work <u>Apr 1936</u>			26. Total time (years) spent in this work <u>life</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Siloid</u>			28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			29. If stillborn, Full term { months or weeks {			30. Cause of stillbirth <u>unknown</u> { Before labor { During labor {		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 5:30 p.m. on the date above stated.
(Born Alive or Stillborn)
(Signed) [Signature], M. D.
or _____, Midwife
Address Payette Idaho
Filed 5/30/1936, 1936
Give name added from a supplemental report. _____
(Date of) _____
Registrar. [Signature]



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of Payette		CERTIFICATE OF DEATH		State File No. 99783	
City of Payette		Registration District No. 4			
Primary Registration District No. 1008		Local Registrar's No. 45			
(No. Blanchard Maternity Home)		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME Stillborn					
(a) Residence. No. Blanchard Maternity Home St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Female	4. Color or Race White	5. Single, Married, Widowed or Divorced (write the word) Child			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant					
6. DATE OF BIRTH (month, day, and year) Apr 6, 1936					
7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.		
Stillborn					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) Payette, Ida (State or country)					
13. NAME Ralph M Fifer					
14. BIRTHPLACE (city or town) Caldwell, Idaho (State or country)					
15. MAIDEN NAME Esther B Thompson					
16. BIRTHPLACE (city or town) Grangeville, Idaho (State or country)					
17. INFORMANT (Address)					
18. BURIAL, CREMATION OR REMOVAL Place. _____ Date. _____ 193...					
19. UNDERTAKER (Address)					
20. FILED 6/1/36 193... J. C. Woodward Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) Apr 6 1936					
22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1936 to Apr 6, 1936					
I last saw h... alive on _____, 193...; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
Stillborn					
Date of onset					
Other contributory causes of importance:					
Name of operation. _____ Date of. _____					
What test confirmed diagnosis? ... Was there an autopsy? ..					
23. If death was due to exteri'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury... 193... Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury. _____					
Nature of injury. _____					
24. Was disease or injury in any way related to occupation of deceased? ... If so, specify _____					
(Signed) J. C. Woodward M. D. (Address) Payette, Idaho.					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		245366	
County of Payette		JUL 23 1936 RECEIVED		Registration District No. 4		State File No. 1008		Local Registrar's No. 89			
City of 5 mi south of Payette											
No. St.											
(If born in hospital or institution give name.)											
2. FULL NAME OF CHILD		Stillborn									
3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate	8. Date of birth					
Male				Yes	Yes	June 11, 1936					
9. Full name		FATHER		MOTHER							
Ervin Robertson				Ella Duncan							
10. Residence (usual place of abode)		Payette, Ida		13. Residence (usual place of abode)		Payette, Idaho					
(If non-resident, give place and State)				(If non-resident, give place and State)							
11. Color or race White		12. Age at last birthday 37 (years)		20. Color or race White		21. Age at last birthday 35 (years)					
13. Birthplace (city or place)		Sweet Idaho		22. Birthplace (city or place)		Deer Valley Oreg					
(State or country)				(State or country)							
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Laborer		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housewife					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.							
16. Date (month and year) last engaged in this work		June 1936		25. Date (month and year) last engaged in this work		June 1936					
17. Total time (years) spent in this work				26. Total time (years) spent in this work							
19. In this work				19. In this work							
27. What prophylactic was used to prevent Ophthalmia Neonatorum?		None									
28. Number of children of this mother (At time of this birth and including this child)		7									
(a) Born alive and now living		4		(b) Born alive but now dead		4		(c) Stillborn		3	
29. If stillborn, period of gestation		5 mo		30. Cause of stillbirth		unknown		Before labor			
months or weeks								During labor			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Stillborn** at **P.M.** m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) **[Signature]** M. D.

or _____, Midwife

Address **Payette, Idaho**

Filed **6/30/36**, 1936 **J. C. Woodward**

Registrar.

Registrar.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1936

JUN 28 1936

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of **Payette**

Registration District No. **4**

City of **5 mi south of Payette**

Primary Registration District No. **1008**

If death occurs away from usual residence, give facts called for under special information.

(No. _____ St.)

State File No. **99784**

Local Registrar's No. **419**

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME **Stillborn**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WID-OWED OR DIVORCED **Still born**

6. DATE OF BIRTH

June 11 1936

(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many hrs. or min.?

Yrs. **0** Mos. **0** ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work

Stillborn

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE **5 mi so. of Payette, Idaho**
(State or Country)

10. NAME OF FATHER **Ervin Robertsen**

11. BIRTHPLACE OF FATHER **Sweet Idaho**
(State or Country)

12. MAIDEN NAME OF MOTHER **Ella Duncan**

13. BIRTHPLACE OF MOTHER **Bear Valley Oreg**
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Ervin Robertsen**

(Address) **Payette Ida. R F D**

15. Filed **6/12/36** 19 **36**

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 11, 1936

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Jun 11 36** 19 to **June 11/36** 19.

that I last saw h..... alive on..... 19..... and that death occurred on the date stated above, at..... M.

The CAUSE OF DEATH* was as follows:

Stillborn

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) **Ervin Robertsen** M. D.

6/12/36 (Address) **Payette, Idaho.**

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the of death..... yrs. mos. days. State..... yrs. mos. ds. Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Payette, Idaho

DATE OF BURIAL

6/11/36 19.....

20. UNDERTAKER

Ervin Robertsen Father Payette, Ida.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Salesman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia**; **Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

796-217-040-435
1. PLACE OF BIRTH
County of Shoshone
City of Idaho Falls
No. 1000000000 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
Registration District No. 70 State File No. 245401
Prim. Registration District No. 1011 Local Registrar's No. 11

2. FULL NAME OF CHILD

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? ✓ 8. Date of birth 7-13, 1936 (Month, Day, Year)
5. Number, in order of birth _____ Full term ✓

9. Full name FATHER Fred Frank
10. Residence (usual place of abode) (If non-resident, give place and State) Keller, Idaho
11. Color or race White 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Canada

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mine
16. Date (month and year) last engaged in this work Nov, 1935 17. Total time (years) spent in this work 1 1/2

18. Full maiden name MOTHER Alveta McNealey
19. Residence (usual place of abode) (If non-resident, give place and State) Keller, Idaho
20. Color or race White 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Okla.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work 7-10, 1936 26. Total time (years) spent in this work 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living... (b) Born alive but now dead... (c) Stillborn...
29. If stillborn, period of gestation Full term { months or weeks 30. Cause of Stillbirth and around neck { During labor... Before labor... ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 20

I hereby certify that I attended the birth of this child, who was _____ at 11 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) James F. Lee, M. D.

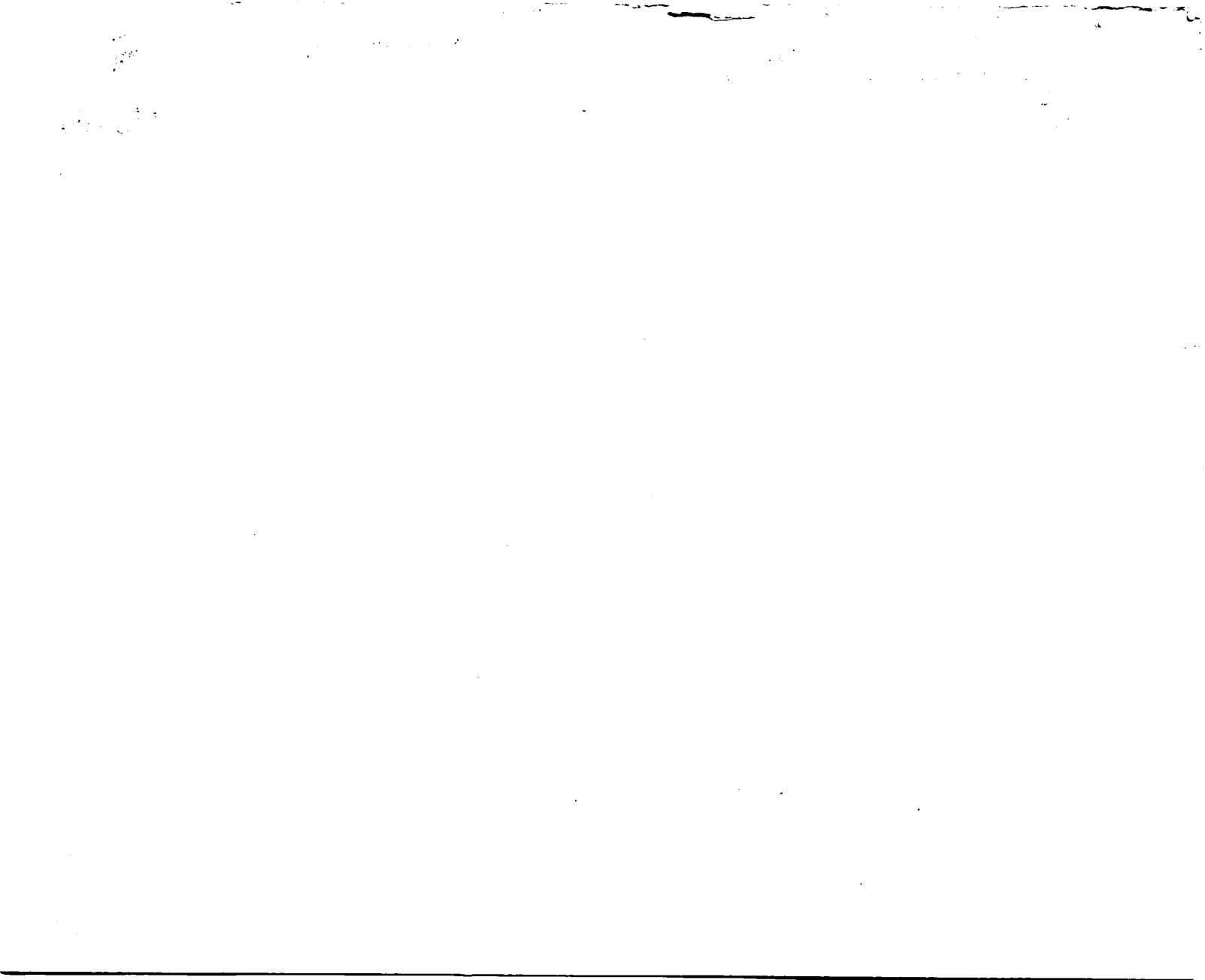
or _____, Midwife

Address Wendover, Idaho

Filed July 20, 1936 John B. Burr

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 553-212-040-523
PLACE OF BIRTH
County of Shoshone
City of Wallace
No. Cannon Ave St. Parkside
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

245410

Registration District No. 70 State File No. 13
Prim. Registration District No. 1011 Local Registrar's No. 13

2. FULL NAME OF CHILD Miriam Nelson

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature yes Full term no 7. Legitimate yes 8. Date of birth July 17, 1936 (Month, Day, Year)

9. Full name Eugene Marion Nelson FATHER
10. Residence (usual place of abode) Murray, Ida
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 22 (years)
13. Birthplace (city or place) P. Ratchup
(State or Country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Placer Mining
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work at present 17. Total time (years) spent in this work _____

18. Full maiden name Corra May G. Slick MOTHER
19. Residence (usual place of abode) Murray, Idaho
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 18 (years)
22. Birthplace (city or place) Bozeman
(State or Country) Colorado

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work at present 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 5 to 6 mo. { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ 3:15 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) John B. Bower, M. D.
or _____, Midwife
Address Wallace, Idaho
Filed July 27, 1936 John Bower
Registrar.

(Date of) _____
Registrar.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99807

Registration District No. 70
Primary Registration District No. 1011
Local Registrar's No. 13
AUG 11 1936 RECEIVED
Marion Providence Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eugene Nelson
(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day, and year) <u>July 17-36</u>				
7. AGE	Years	Months	Days	If LESS than 1 day <u>0</u> hrs. or <u>0</u> min.
	<u>0</u>	<u>0</u>	<u>0</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
10. Date deceased last worked at this occupation (mo. and yr.)				
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Wallace</u> (State or country) <u>Ida</u>				
13. NAME <u>Eugene Nelson</u>				
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)				
15. MAIDEN NAME <u>Eva Mae</u>				
16. BIRTHPLACE (city or town) <u>Cottoroda</u> (State or country)				
17. INFORMANT <u>Eugene Nelson</u> (Address) <u>Murray Ida</u>				
18. BURIAL, CREMATION OR REMOVAL Place <u>Wallace Ida</u> Date <u>July 22, 1936</u>				
19. UNDERTAKER <u>J. A. Bower</u> (Address) <u>Wallace Ida</u>				
20. FILED <u>July 20, 1936</u> <u>John Bower</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day and year) <u>July 17 1936</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>July 17 1936</u> to <u>July 17 1936</u> last saw <u>alive</u> on <u>July 17 1936</u> ; death is said to have occurred on the date stated above, at <u>4 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Still born - 6 months gestation</u>	
Other contributory causes of importance:	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____ Where did injury occur? _____ (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>E. J. H. Bower</u> M. D. (Address) <u>Wallace Ida</u>	

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Ada</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Boise Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>St. Alphonsus Hosp.</u> St.		SEP 10 1936 RECEIVED	
(If born in hospital or institution give name.)		CERTIFICATE OF BIRTH	
2. FULL NAME OF CHILD		Registration District No. <u>2</u> State File No. <u>245625</u>	
<u>Baby Preshears</u>		Prim. Registration District No. <u>1004</u> Local Registrar's No. <u>490</u>	
3. Sex <u>M.</u>		8. Date of birth <u>7/26</u> 19 <u>36</u>	
If plural births { 4. Twin, triplet, or other		7. Legitimate? <u>Yes</u>	
5. Number, in order of birth <u>1</u>		Full term <u>Yes</u>	
9. Full name FATHER <u>Floyd Preshears</u>		18. Full maiden name MOTHER <u>Leafy Buffington</u>	
10. Residence (usual place of abode) <u>Cagle Ida.</u>		19. Residence (usual place of abode) <u>Cagle Ida.</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>W.</u>		20. Color or race <u>W.</u>	
12. Age at last birthday <u>27</u> (years)		21. Age at last birthday <u>23</u> (years)	
13. Birthplace (city or place) <u>Idaho.</u>		22. Birthplace (city or place) <u>Idaho.</u>	
(State or Country)		(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeping</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Self</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>To date</u> 19 <u>36</u>		25. Date (month and year) last engaged in this work <u>To date</u> 19 <u>36</u>	
17. Total time (years) spent in this work <u>1 mo.</u>		26. Total time (years) spent in this work <u>3 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>Full term</u> { months or weeks		30. Cause of Stillbirth { During labor <u>no</u> Before labor <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>12:27</u> m. on the date above stated.			
(Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>J. H. Bampton</u> , M. D.	
Give name added from a supplemental report		or _____, Midwife	
(Date of)		Address <u>Boise Idaho</u>	
		Filed <u>8-5</u> 19 <u>36</u> <u>R. Sharp</u>	
Registrar.		Registrar.	

MAY 13 1985

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 1004
St Alphonsus Hospital.

DO NOT WRITE IN THIS SPACE

State File No. 99450Local Registrar's No. 223

AUG 13 1936

RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Aldon Alvin Breshears.(a) Residence. No. Eagle, Idaho.

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. Color or Race White. 5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25, 1936.

7. AGE Years Months Days If LESS than 1 day hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)13. NAME Floyd. E. Breshears.14. BIRTHPLACE (city or town) Eagle, Idaho.
(State or country)15. MAIDEN NAME Leafy Buffington.16. BIRTHPLACE (city or town) Meridian, Idaho
(State or country)17. INFORMANT Floyd. E. Breshears.
(Address) Eagle, Idaho.18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Cemetery. July 27, 1936.19. UNDERTAKER Summers Funeral Home.
(Address) Boise, Idaho.20. FILED 7-28 1936
976

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 25, 1936.

22. I HEREBY CERTIFY, That I attended deceased from

, 193, to July 26, 1936I last saw never alive on , 193: death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance

were as follows:

Date of onset

Death occurred about 36 hours before death birth I think.Cause was sigmoidal pneumonia protracted right arm and

Other contributory causes of importance:

perforation rupture of membrane. No heart sound were heard. The skin on arm was necrotic.Name of operation Breche extra Date of 7/26What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) W. E. Bryan M. D.(Address) Boise Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		S 245698					
County of <u>Adams</u>		City of <u>Council Bluffs</u>		No. _____		St. _____		Registration District No. <u>71</u>		State File No. _____					
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. <u>328</u>											
2. FULL NAME OF CHILD <u>Baby Shaw</u> <u>St. Chas</u>															
3. Sex <u>Female</u>		If plural births {		4. Twin, triplet, or other. <u>0</u>		5. Number, in order of birth. <u>0</u>		6. Premature <u>yes</u>		7. Legitimate? <u>yes</u>					
8. Date of birth <u>8-11-</u>										193 <u>6</u>					
										(Month, Day, Year)					
9. Full name <u>Harold John Shaw</u>				FATHER				18. Full maiden name <u>Jane Eugene Stark</u>				MOTHER			
10. Residence (usual place of abode) <u>Council Bluffs</u>				(If non-resident, give place and State)				19. Residence (usual place of abode) <u>Council Bluffs</u>				(If non-resident, give place and State)			
11. Color or race <u>W.</u>				12. Age at last birthday <u>34</u> (years)				20. Color or race <u>W.</u>				21. Age at last birthday <u>27</u> (years)			
13. Birthplace (city or place) <u>Weiser Ida</u>				(State or Country)				22. Birthplace (city or place) <u>Council Bluffs</u>				(State or Country)			
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>		16. Date (month and year) last engaged in this work <u>9-1-</u>		17. Total time (years) spent in this work <u>life</u>		OCCUPATION					
		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		25. Date (month and year) last engaged in this work <u>9-1-</u>		26. Total time (years) spent in this work <u>34</u>							
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____															
28. Number of children of this mother (At time of this birth and including this child)															
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>															
29. If stillborn, period of gestation <u>8 am</u> { months or weeks															
30. Cause of stillbirth _____ { Before labor <u>embryonic death</u> During labor <u>no</u>															

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead Stillborn at 10:45 A.M. on the date above stated.
(Born Alive or Stillborn)

(Signed) Alvin S. Thurston, M. D.

or _____, Midwife

Address _____

Filed SEP 11 1936, 1936

DR. ALVIN S. THURSTON
COUNCIL BLUFFS, IDAHO
Registrar.

(Date of)

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Adams
City of Cumt

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99923

SEP 14 1936 RECEIVED

Registration District No. 71

Primary Registration District No. _____

Local Registrar's No. 141

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Shaw

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 8-11-36

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Cumt Ida (State or country)

13. NAME Harold John Shaw

14. BIRTHPLACE (city or town) Wesley Ida (State or country)

15. MAIDEN NAME Joan Eugenia Shaw

16. BIRTHPLACE (city or town) Cumt Ida (State or country)

17. INFORMANT Father (Address)

18. BURIAL, CREMATION OR REMOVAL Place Family Church Date 8-11-36

19. UNDERTAKER Family (Address)

20. FILED SEP 11 1936

DR. ALVIN S. THURSTON
COUNCIL IDAHO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-11-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw her alive on dead 8-11-36: death is said to have occurred on the date stated above, at 10:45 m. The principal cause of death and related causes of importance were as follows:

Stillborn - 210.75 Am

Other contributory causes of importance:

Congenital dyspnea - Maternal

Name of operation 0 Shaw Date of 8
What test confirmed diagnosis 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury _____, 193____
Where did injury occur? 0
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify _____

(Signed) Alvin S. Thurston, M. D.

(Address) Cumt Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 So. Johnson St.
Pocatello General Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mary Ellen Evans (Stillborn)

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth August 3, 1936 (Month, Day, Year)

9. Full name FATHER
Lester W. Evans
10. Residence (usual place of abode)
(If non-resident, give place and State) Pauline, Idaho
11. Color or race Am 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Arvon, Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper, Grain Buyer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Pauline Store
16. Date (month and year) last engaged in this work Now employed, 19____ 17. Total time (years) spent in this work 3 months

18. Full maiden name MOTHER
Mary Genevieve Evans
19. Residence (usual place of abode)
(If non-resident, give place and State) Same
20. Color or race Am 21. Age at last birthday 26 (years)
22. Birthplace (city or place) Mitchell, Neb.
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argrol 20%

28. Number of children of this mother (At time of this birth and including this child)
1 (a) Born alive and now living 0 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor or Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:52 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) D C Ray, M. D.

or _____, Midwife

Address Pauline, Idaho

Filed 8/28, 1936 D C Ray

Registrar.

SEP 14 1936 RECEIVED

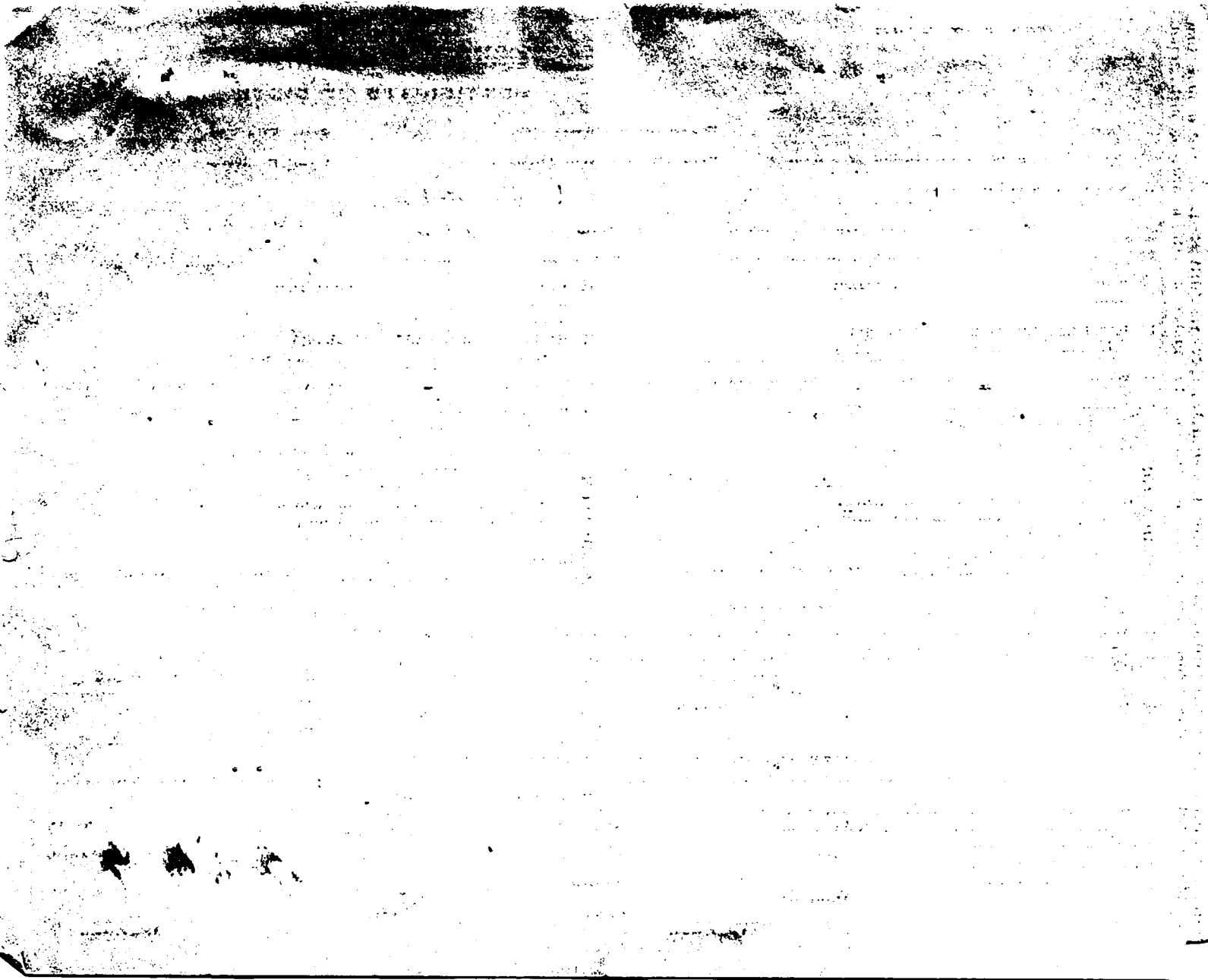
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

245714

Registration District No. 78 State File No. _____

Prim. Registration District No. 7161 Local Registrar's No. 1598



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

99928

State File No.

Registration District No.

Primary Registration District No. Local Registrar's No. 450(No. Pocatello General Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Ellen Evans(a) Residence. No. Pocatello, Idaho. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year)
August 3, 1936.

7. AGE	Years	Months	Days	If LESS than 1 day	hrs. or min.
	<u>0</u>	<u>Still-Born</u>			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Infant</u>
	10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello,
(State or country) Idaho.13. NAME Lester W. Evans14. BIRTHPLACE (city or town) Arbon,
(State or country) Idaho.15. MAIDEN NAME Genevieve Baldwin16. BIRTHPLACE (city or town) Mitchell,
(State or country) Nebraska.17. INFORMANT Lester W. Evans
(Address) Arbon, Idaho.18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Aug. 4, 1936.19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.20. FILED Aug. 4, 1936. DC Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 3, 1936.22. I HEREBY CERTIFY, That I attended deceased from
....., 193....., to Aug. 3, 1936I last saw him alive on 193.....: death is saidto have occurred on the date stated above, at 10³⁰ P. m.

The principal cause of death and related causes of importance were as follows:

Still born.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. C. Ray, M. D.(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH SEP 10 1936 RECEIVED
County of Barnstable
City of Grace
No. _____ St. _____
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD William
3. Sex Male (If plural births)
4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____
7. Legitimate _____
8. Date of birth Aug-27-1936
9. Full name of FATHER Lyman Ward Jacobson
10. Residence (usual place of abode) Grace
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Barnstable
(State or country) Mass.
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. anything
16. Date (month and year) last engaged in this work Aug-1936
17. Total time (years) spent in this work 24
18. Full maiden name of MOTHER Sarah Louise Hansen
19. Residence (usual place of abode) Grace
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 24 (years)
22. Birthplace (city or place) Musk Creek
(State or country) Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work Aug-1936
26. Total time (years) spent in this work Life
27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation 7 months 30. Cause of stillbirth _____
months or weeks _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. H. Fitz, M. D.

or _____, Midwife

Give name added from a supplemental report _____
(Date of) _____

Address Bancroft Idus

Filed Sept-1-, 1936 Mrs. J. G. G.

Registrar.

Page 1

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

MEMORANDUM FOR THE ATTORNEY GENERAL

SUBJECT: [Illegible]

DATE: [Illegible]

FROM: [Illegible]

TO: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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[Illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH			COUNTY OF <u>Bannock</u>			99933	
BUREAU OF VITAL STATISTICS			CITY OF <u>Grange</u>			State File No.	
CERTIFICATE OF DEATH			Registration District No. <u>84</u>			Local Registrar's No. <u>33</u>	
Primary Registration District No. <u>2161</u>			(No.)			206	
(If death occurred in a hospital or institution, give its name instead of street and number.)							
2. FULL NAME <u>Stillbirth</u>							
(a) Residence. No. St.							
(Usual place of abode)							
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>Aug 27-36</u>							
7. AGE		Years		Months		Days	
						If LESS than 1 day, hrs. or min.	
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>					
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
		10. Date deceased last worked at this occupation (month and year)					
FATHER		11. Total time (years) spent in this occupation					
		12. BIRTHPLACE (city or town) (State or country) <u>Grange Ida</u>					
MOTHER		13. NAME <u>Lynnan Ward Jacobson</u>					
		14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
MOTHER		15. MAIDEN NAME <u>Sarah Louise Hansen</u>					
		16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT (Address) <u>Copy from birth report</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Grange Ida</u> Date <u>Aug 28, 1936</u>							
19. UNDERTAKER (Address) <u>Had none</u>							
20. FILED <u>Sept 10, 1936</u> <u>Mrs. G. G. Fitch</u> Registrar							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Aug 27, 1936</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 27-1936</u> to <u>Aug 27, 1936</u>							
I last saw her <u>her</u> alive on <u>Aug 27, 1936</u> ; death is said to have occurred on the date stated above, at <u>7:30 P. M.</u>							
The principal cause of death and related causes of importance were as follows:							
Breach Presentation, Instrumental							
Other contributory causes of importance:							
Name of operation Date of							
What test confirmed diagnosis? Was there an autopsy?							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? Date of injury 193							
Where did injury occur? (Specify city or town, county, and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased?							
If so, specify							
(Signed) <u>G. G. Fitch</u> , M. D.							
(Address) <u>Bancroft Ida</u>							

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Bonner
No. _____ St. _____

(If born in hospital or institution give name.)

SEP 9 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 245845

Registration District No. 78 State File No. _____

Prim. Registration District No. 2155 Local Registrar's No. 114

2. FULL NAME OF CHILD Chronic Stichorn

3. Sex M If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 9-14 1936
(Month, Day, Year)

9. Full name of FATHER Theodore John Chronic 18. Full maiden name of MOTHER Edgar Estella Heath

10. Residence (usual place of abode) (If non-resident, give place and State) Bonner 19. Residence (usual place of abode) (If non-resident, give place and State) Bonner

11. Color or race W 12. Age at last birthday 24 (years) 20. Color or race W 21. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or country) Tulsa Oklahoma 22. Birthplace (city or place) (State or country) Fairfield Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent last engaged in this work _____ 19. _____ in this work 10 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent last engaged in this work _____ 19. _____ in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, Full Term months or weeks _____ 30. Cause of stillbirth Too much hard work Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 11 P.M. on the date above stated.
(Signature or Title)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) C. P. Stachman M. D.
or _____ Midwife

Give name added from a supplemental report _____ Address Sandpoint, Idaho

(Date of) _____ Filed Sept 12 1936 Walter C. Gordin Registrar.

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
BUREAU OF PRISONS
WASHINGTON, D. C.

TO THE DIRECTOR, BUREAU OF PRISONS
FROM THE WARDEN, PENITENTIARY OF ALABAMA
SUBJECT: [Illegible]
RE: [Illegible]

[The remainder of the document contains several paragraphs of text that are extremely faint and largely illegible due to the quality of the scan. The text appears to be a formal communication or report.]

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

99550

State File No.

Registration District No. 78

AUG 11 1936 RECEIVED

Registration District No. 2163-Local Registrar's No. 269

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Chronic(a) Residence. No. Dover Idaho St. (Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) still Born

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho13. NAME Theodore Chronic14. BIRTHPLACE (city or town) (State or country) Idaho15. MAIDEN NAME Elyza Heath16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT Theo. Chronic (Address) Dover Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Lakewood Date 7/15, 193619. UNDERTAKER Turnbull Co. (Address) Sandpoint Ida20. FILED Aug 11, 1936 Clara S. Evans Acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 15 193622. I HEREBY CERTIFY, That I attended deceased from birth 193...., to 7-15 193....

I last saw h... alive on, 193....; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Still born - dead 12 days in utero.Separation placenta.

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury, 193....

Where did injury occur? ...

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) to J. Stacchore, M. D.(Address) Sandpoint, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Boon
City of Gas Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99992

SEP 2 1936 RECEIVED

Registration District No. 73

Primary Registration District No. 7150

Local Registrar's No. 149

(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Mary Elizabeth Bolinder

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Wht. 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug. 1, 1936

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (mo. and yr.) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Gas Falls
(State or country) Idaho

13. NAME Albert Bolinder

14. BIRTHPLACE (city or town) Sweden
(State or country)

15. MAIDEN NAME Ester Larson

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Albert Bolinder
(Address) Gas Falls, Ida.

18. BURIAL, CREMATION OR REMOVAL Burial
Place Gas Falls Date Aug. 3, 1936

19. UNDERTAKER W. Buck
(Address) Gas Falls, Ida.

20. FILED 8/3, 1936 W. Buck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1936, to Aug. 1, 1936.

I last saw her alive on Aug. 1, 1936; death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Asphyxia due to breach delivery with compression of umbilical cord.
Other contributory causes of importance:

Name of operation none Date of clinical
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) W. Buck M. D.

(Address) Gas Falls, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		SEP 2 1936 RECEIVED		STATE OF IDAHO		S	
County of <u>Bonneville</u>		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		245884	
City of <u>Idaho Falls</u>		CERTIFICATE OF BIRTH					
No. <u>Memorial Drive</u> St.		Registration District No. <u>23</u>		State File No. <u>499</u>			
<u>L.D. Hospital</u>		Prim. Registration District No. <u>2150</u>		Local Registrar's No. <u>499</u>			
(If born in hospital or institution give name.)							
2. FULL NAME OF CHILD <u>Still Born</u>							
3. Sex <u>female</u>		4. Twin, triplet, or other births		6. Premature <u>yes</u>		7. Legitimate? <u>yes</u>	
5. Number, in order of birth		Full term <u>yes</u>		8. Date of birth <u>8-12</u> , 193 <u>6</u>		(Month, Day, Year)	
9. Full name FATHER <u>Henry Falk</u>				18. Full maiden name MOTHER <u>Merle Risk</u>			
10. Residence (usual place of abode) <u>1675 Emerson St. Idaho Falls, Idaho</u>				19. Residence (usual place of abode) <u>1675 Emerson St. Idaho Falls, Idaho</u>			
(If non-resident, give place and State)				(If non-resident, give place and State)			
11. Color or race <u>White</u>				20. Color or race <u>White</u>			
12. Age at last birthday <u>27</u> (years)				21. Age at last birthday <u>34</u> (years)			
13. Birthplace (city or place) <u>Wagon, Wis.</u>				22. Birthplace (city or place) <u>C. Louisiana</u>			
(State or Country)				(State or Country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife (R.N.)</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>River Side Shop</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>			
16. Date (month and year) last engaged in this work <u>8-12</u> , 19 <u>6</u>				25. Date (month and year) last engaged in this work <u>8-12</u> , 19 <u>6</u>			
17. Total time (years) spent in this work <u>4 years</u>				26. Total time (years) spent in this work <u>5</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum?							
28. Number of children of this mother (At time of this birth and including this child)							
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>full term</u> { months or weeks				30. Cause of Stillbirth { During labor. Before labor.			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 11:28 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

(Signed) [Signature], M. D.

or _____, Midwife

Address Idaho Falls, Idaho

Filed 8/27, 1936 [Signature]

Registrar.

1971

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Bonneville	CERTIFICATE OF DEATH		State File No.	99998
City of	Idaho Falls, Ida	Registration District	3	Local Registrar's No.	160
SEP 2 1936 RECEIVED		Primary Registration District No.	214-D		
(If death occurred in a hospital or institution give its name instead of street and number)					
2. FULL NAME <u>Still Born</u>					
(a) Residence. No.		<u>P. O. & Idaho Falls</u>		St.	
(Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)			
<u>female</u>	<u>white</u>				
6a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
<u>8-12-36</u>					
7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner</u> , <u>sawyer</u> , <u>bookkeeper</u> , etc.				
	9. Industry or business in which work was done, as <u>silk mill</u> , <u>saw mill</u> , <u>bank</u> , etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town). <u>Idaho Falls</u> (State or country) <u>Idaho</u>					
MOTHER/FATHER	13. NAME <u>Henry Tall</u>				
	14. BIRTHPLACE (city or town) <u>Wapuna</u> (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Merle Ricks</u>				
	16. BIRTHPLACE (city or town) <u>Chambers</u> (State or country) <u>Idaho</u>				
17. INFORMANT <u>father</u> (Address)					
18. BURIAL, CREMATION OR REMOVAL Place <u>Idaho Falls</u> Date <u>Aug. 14 1936</u>					
19. UNDERTAKER <u>Jack G. Ford</u> (Address) <u>Idaho Falls, Idaho</u>					
20. FILED <u>Aug 17 1936</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>8-12 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>8-12-1936</u> , to <u>8-12-1936</u>					
I last saw her <u>dead</u> on <u>8/12</u> , 1936; death is said to have occurred on the date stated above, at <u>11 P.M.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Prolapsus Cord</u>					Date of onset <u>8/12/36</u>
<u>Strangulation</u>					
Other contributory causes of importance:					
Name of operation.....					
What test confirmed diagnosis..... Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.., 1936.					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....					
(Signed) <u>Dr. J. H. Ford</u> M. D.					
(Address) <u>Idaho Falls</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH - Bonneville SEP 2 1936 RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
County of Bonneville City of Idaho Falls, Idaho No. 2nd Hospital St. Idaho Registration District No. 13 State File No. 245945
(If born in hospital or institution give name.) Prim. Registration District No. 1110 Local Registrar's No. 438

2. FULL NAME OF CHILD Stillborn (Merrill)

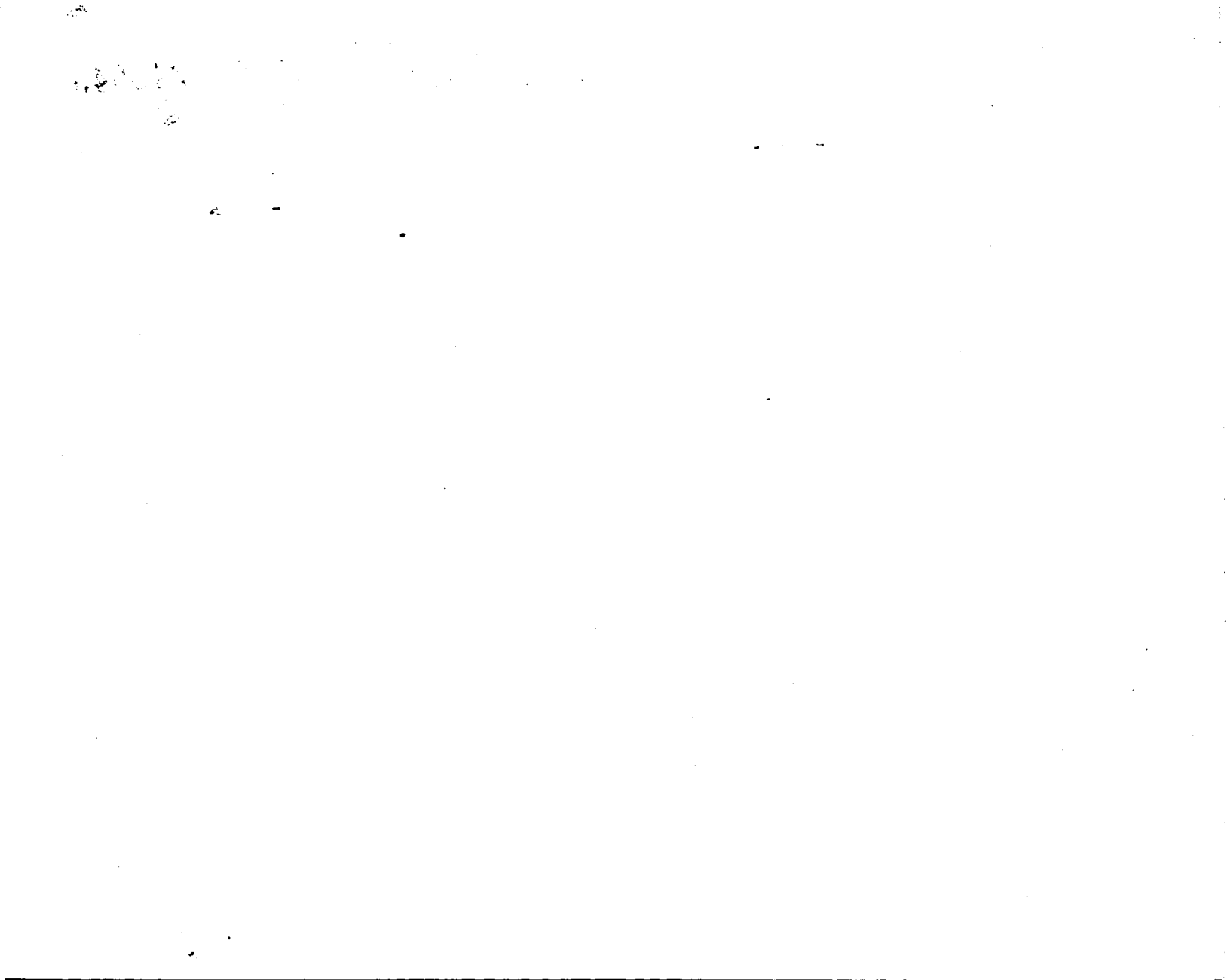
3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes Full term _____ 7. Legitimate? yes 8. Date of birth 7-21, 1936 (Month, Day, Year)

9. Full name FATHER Louise Roy Merrill 18. Full maiden name MOTHER Maria Leah Elizabeth Merrill
10. Residence (usual place of abode) 348 2nd St. Idaho Falls 19. Residence (usual place of abode) 348 2nd St. Idaho Falls
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 4 (years) 20. Color or race white 21. Age at last birthday 30 (years)
13. Birthplace (city or place) Portage Utah 22. Birthplace (city or place) Portage Utah
(State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work 7-21, 1936 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work 7-21, 1936 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 7 3/4 months or weeks { 30. Cause of Stillbirth nephritic toxemia from placental infection Before labor 48 hrs

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn (Born Alive or Stillborn) at 3:35 P.M. on the date above stated.
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____
(Signed) J. J. Smith, M. D.
or _____, Midwife
Address Idaho Falls, Idaho
Filed Aug -, 1936 G. J. Smith Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonneville</u>	City of <u>Idaho Falls</u>	CERTIFICATE OF DEATH		State File No. <u>99582</u>	
1. DATE OF DEATH <u>July 21 1936</u>		Registration District No. <u>73</u>		Local Registrar's No. <u>139</u>	
(If death occurred in a hospital or institution, give its name instead of street and number)		Primary Registration District No. <u>21850</u>			
2. FULL NAME <u>Stillborn Merrill</u>		(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred, yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>7-21-36</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, 0 hrs. or ____ min.	
<u>Still born</u>					
8. Trade, profession, or particular kind of work done, as <u>apluner, sawyer, bookkeeper, etc.</u>					
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>					
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town, State or country) <u>L. S. Hospital, Idaho Falls, Ida.</u>					
13. NAME <u>Lewis Le Roy Merrill</u>					
14. BIRTHPLACE (city or town, State or country) <u>Portage, Utah</u>					
15. MAIDEN NAME <u>Lash Elizabeth Morris</u>					
16. BIRTHPLACE (city or town, State or country) <u>Portage, Utah</u>					
17. INFORMANT (Address) <u>Lewis Le Roy Merrill, 348 Lave St., Idaho Falls, Ida.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Idaho Falls, Ida.</u> Date <u>July 22 1936</u>					
19. UNDERTAKER (Address) <u>none</u>					
20. FILED <u>7/22 1936</u> Registrar. <u>La. G. G. G. G. G.</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>July 21 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 21 1936</u> to <u>July 21 1936</u> , last saw him alive on <u>July 21 1936</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Infarction of placenta (74) & necrosis</u>					
Other contributory causes of importance: <u>nephritic toxemia of mother</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1936. Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>Dr. J. J. J. J. J.</u> M. D.					
(Address) <u>Idaho Falls</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8, and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		S	
County of <u>Caldwell</u>		SEP 11 1936 RECEIVED		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		245983	
City of <u>Caldwell</u>		Registration District No. <u>1005</u>		State File No. <u>183</u>		Local Registrar's No. <u>183</u>			
No. <u>519</u>		St. <u>13</u>							
(If born in hospital or institution give name.)									
2. FULL NAME OF CHILD <u>Not named. Stillborn</u>									
3. Date of birth <u>9-8</u> , 19 <u>36</u> (Month, Day, Year)									
4. Twin, triplet, or other. <u>Male</u> 5. Number, in order of birth <u>1</u> 6. Premature <u>yes</u> 7. Legitimate <u>yes</u>									
8. Full name <u>Earl E. Park</u> FATHER 9. Full name <u>Sarah B. Lewis</u> MOTHER									
10. Residence (usual place of abode) <u>Caldwell</u> 11. Residence (usual place of abode) <u>Caldwell, Ida</u>									
(If non-resident, give place and State)									
12. Color or race <u>W</u> 13. Age at last birthday <u>57</u> (years) 14. Color or race <u>W</u> 15. Age at last birthday <u>45</u> (years)									
16. Birthplace (city or place) <u>Memphis, Tenn</u> 17. Birthplace (city or place) <u>La Grande, Ore</u>									
(State or Country)									
18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Millman</u> 19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>W</u>									
20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 21. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>✓</u>									
22. Date (month and year) last engaged in this work 23. Date (month and year) last engaged in this work									
24. Total time (years) spent in this work 25. Total time (years) spent in this work									
26. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>									
27. Number of children of this mother (At time of this birth and including this child) <u>9</u>									
(a) Born alive and now living <u>8</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>									
28. If stillborn, period of gestation <u>9</u> months or weeks 29. Cause of stillbirth <u>Not known</u>									
Before labor <u>✓</u> During labor <u>✓</u>									
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE									
I hereby certify that I attended the birth of this child, who was <u>Not named</u> at <u>10:10 P.</u> m. on the date above stated.									
(Born alive or Stillborn)									
(Signed) <u>A. A. Newberry</u> , M. D.									
or <u>Caldwell - Ida</u> , Midwife									
Address <u>9. 9</u>									
Filed <u>9. 9</u> , 19 <u>36</u>									
Registrar. <u>Montgomery</u>									

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)

Mordgony

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100004

11 1936 RECEIVED

Registration District No. 1

Primary Registration District No. 1005

Local Registrar's No. 121

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sheldon Park Levy

(a) Residence. No. 519 40 13th St.

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-8-36

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caldwell (State or country)

13. NAME Carl E. Levy

14. BIRTHPLACE (city or town) Idaho (State or country)

15. MAIDEN NAME Martha P. Levy

16. BIRTHPLACE (city or town) Caldwell (State or country)

17. INFORMANT (Address) Carl E. Levy

18. BURIAL, CREMATION OR REMOVAL Place Caldwell Date 9-9-36

19. UNDERTAKER (Address) Carl E. Levy

20. FILED 9-9-36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/8 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 193....., to 193.....
I last saw h.....alive on 193.....: death is said to have occurred on the date stated above, atm. The principal cause of death and related causes of importance were as follows:

Steel Corn
10th Pm.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury., 193.....
Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.... If so, specify

(Signed) A. A. Newberry M.D.
(Address) Caldwell

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Cassia</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Burley</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		CERTIFICATE OF BIRTH	
Registration District No. <u>117</u>		State File No. <u>S246053</u>	
(If born in hospital or institution give name) _____		Prim. Registration District No. <u>2196</u> Local Registrar's No. <u>182</u>	
2. FULL NAME OF CHILD <u>Stillborn</u>			
3. Sex <u>7</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <input checked="" type="checkbox"/> Full term _____	7. Legitimate? <u>yes</u>
8. Date of birth <u>8-5-1936</u> (Month, Day, Year)			
9. Full name <u>FATHER Frank Gibson</u>		18. Full maiden name <u>MOTHER Ora Browner</u>	
10. Residence (usual place of abode) <u>Burley</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Burley</u> (If non-resident, give place and State)	
11. Color or race <u>W</u> 12. Age at last birthday <u>40</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>39</u> (years)	
13. Birthplace (city or place) <u>Id</u> (State or Country)		22. Birthplace (city or place) <u>Id</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fireman</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
	16. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>NW</u>	
18. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
19. _____		25. Date (month and year) last engaged in this work _____	
26. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% solution inst</u>	
28. Number of children of this mother (At time of this birth and including this child) <u>10</u>		29. If stillborn, period of gestation <u>8</u> months or weeks _____	
(a) Born alive and now living _____		(b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>	
30. Cause of Stillbirth <u>?</u>		During labor <input checked="" type="checkbox"/> Before labor <input checked="" type="checkbox"/>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

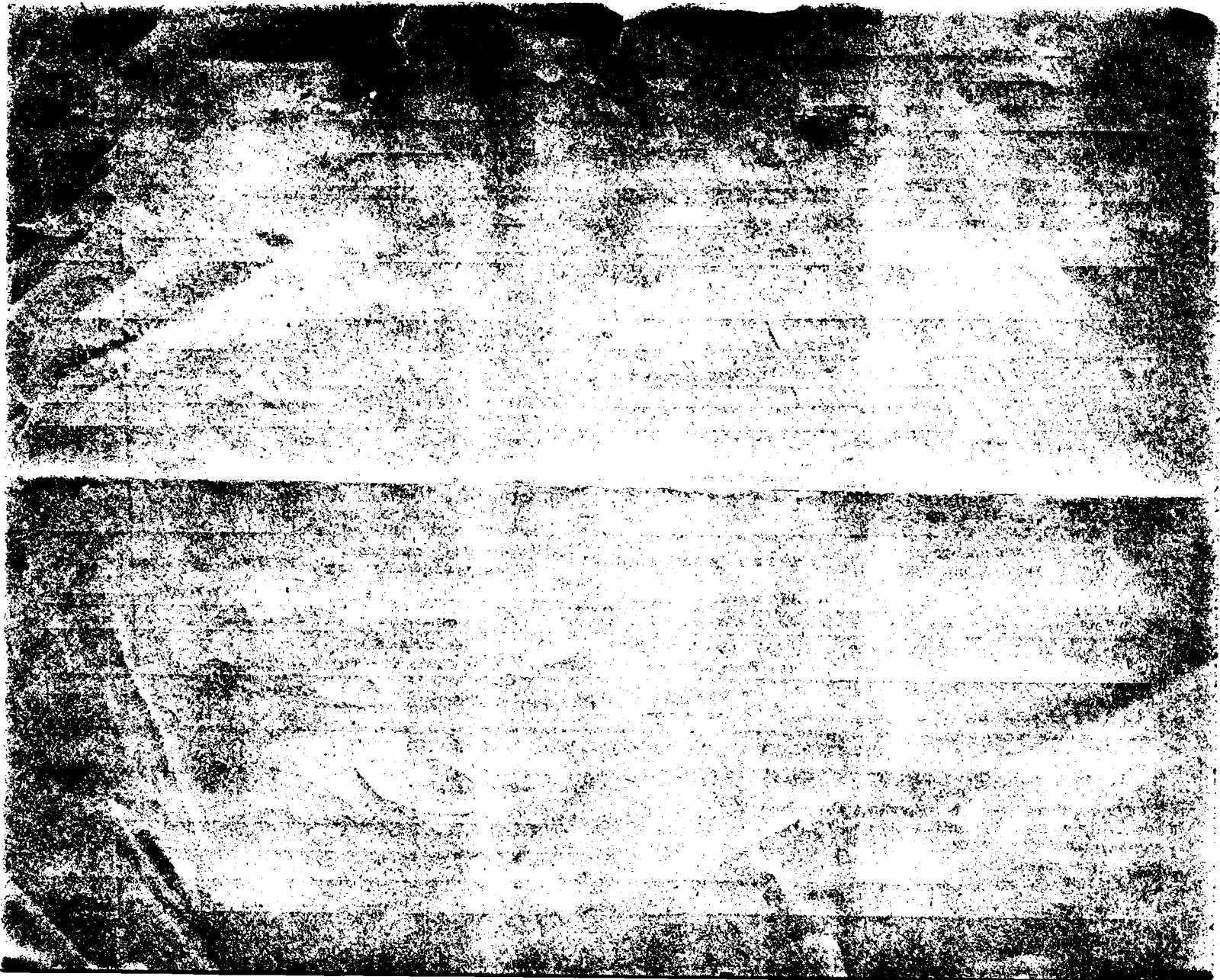
I hereby certify that I attended the birth of this child, who was _____ at 2 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) [Signature], M. D.
or _____, Midwife

Address _____
Filed Sep 1, 1936 Laura J Spracher
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 10 1936 RECEIVED

PLACE OF DEATH

County of CassiaCity of BurleySTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

100022

State File No. _____

Local Registrar's No. 81(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Mary Evelyn Gibson(a) Residence. No. Burley Idaho St. _____(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) _____5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Aug 8 - 19347. AGE Years _____ Months _____ Days _____ If LESS than 1 day, ... hrs. or ... min. Stillborn8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Burley Idaho
(State or country)13. NAME Francis R. Gibson14. BIRTHPLACE (city or town) Cody Utah
(State or country)15. MAIDEN NAME Alia Josephine Prosser16. BIRTHPLACE (city or town) Cody Idaho
(State or country)17. INFORMANT Francis R. Gibson
(Address) Burley Idaho18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date 8/9/193619. UNDERTAKER W. E. Johnson Mortuary
(Address) 210 E. Main20. FILED 8/8/1936 Laurel Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/8/1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193...., to _____, 193....

I last saw h.... alive on _____, 193.... death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn7 mo

Other contributory causes of importance: _____

Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..., 193....Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?.... It so, specify _____

(Signed) D. Spracher, M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

*STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Maynake</u> City of <u>Progreso Idaho</u> No. <u>Barns Hosp</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS DATE OF BIRTH <u>246078</u> Registration District No. <u>90</u> State File No. <u>119</u> Prim. Registration District No. <u>1157</u> Local Registrar's No. <u>119</u>	
2. FULL NAME OF CHILD <u>Baby Penney</u>			
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other <u>✓</u> 5. Number, in order of birth <u>✓</u>	6. Premature <u>no</u> Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Aug 1st</u> 193 <u>6</u> (Month, Day, Year)			
9. Full name FATHER <u>Lucien Bonapart Lindsey</u>		18. Full maiden name MOTHER <u>Eva Irene Gross</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Oregon Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Oregon</u>	
11. Color or race <u>white</u>		12. Age at last birthday <u>29</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Oregon</u>		20. Color or race <u>white</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>		21. Age at last birthday <u>27</u> (years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Blacksmith</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
16. Date (month and year) last engaged in this work <u>now</u> , 19 <u>36</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
17. Total time (years) spent in this work <u>9 yrs</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>✓</u>	
25. Date (month and year) last engaged in this work <u>✓</u> , 19 <u>36</u>		26. Total time (years) spent in this work <u>✓</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation <u>8 1/2 mo</u> { months or weeks		30. Cause of stillbirth <u>not</u> { Before labor During labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:40 A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

(Signed)

or

Address

Filed

W. A. Shaver M. D.
Consulabit J. Heat Mat Livingston Midwife

Progreso Idaho

7/31, 1936

Registrar.

At night there
is no indication of any

24771

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Clearwater
City of Prosser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100038Registration District No. 90Primary Registration District No. 2154Local Registrar's No. 95

3 1936 RECEIVED

No. Burns Hosp.
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Lindsay

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Aug 1 - 1936</u>		
7. AGE Years _____ Months _____ Days _____	If LESS than 1 day _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baby</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (mo. and yr.) _____	
	11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (city or town) Prosser Idaho
(State or country)13. NAME Lute Lindsay14. BIRTHPLACE (city or town) Idaho
(State or country)15. MAIDEN NAME Rena Puls16. BIRTHPLACE (city or town) Lewiston Idaho
(State or country)17. INFORMANT P. Puls
(Address) Clatsop Wash.18. BURIAL, CREMATION OR REMOVAL
Place Prosser Idaho Date Aug 2 193619. UNDERTAKER Prosser Mortuary
(Address) Prosser Idaho20. FILED 8/2 1936 P. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-1 193622. I HEREBY CERTIFY, That I attended deceased from Stillborn to _____, 1936I last saw h. Stillborn, 1936: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Light mark in oropharynx
Cord

Date of onset

Unknown

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) P. A. Shaw, M. D.(Address) Prosser, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

246083

County of Custer
City of Challis
No. _____ St. _____Registration District No. 108 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2186 Local Registrar's No. 2242. FULL NAME OF CHILD Stillborn

3. Sex <u>F.</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Aug. 5, 1936</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>Gurney Richard James</u>	FATHER	18. Full maiden name <u>Catherine May Mority</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Challis, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Challis, Idaho</u>	
11. Color or race <u>W.</u>	12. Age at last birthday <u>40</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>31</u> (years)
13. Birthplace (city or place) (State or Country) <u>Sheldon North Dakota</u>		22. Birthplace (city or place) (State or Country) <u>Custer, Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck driver</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>U.S. Forestry Service</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>Aug. 1936</u>	17. Total time (years) spent in this work <u>4 yrs</u>	25. Date (month and year) last engaged in this work <u>Aug. 1936</u>	26. Total time (years) spent in this work <u>13 years</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 229. If stillborn, period of gestation 7th month months or weeks
30. Cause of Stillbirth _____ During labor Undetermined
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Everett Veirs, 1st H. Med. Res. M. D.

or _____, Midwife

Address Challis, IdahoFiled Aug 6, 1936 Edna M. Kenney Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Challis
City of Challis

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 108Primary Registration District No. 2186

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn(a) Residence. No. Challis

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug 5 - 1936

7. AGE Years Months Days If LESS than 1 day... hrs. or ... min.
Stillborn - 5 month gestation

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Challis, Idaho
(State or country)

13. NAME Gurney Richard James

14. BIRTHPLACE (city or town) Sheldon
(State or country) North Dakota

15. MAIDEN NAME Catherine May Moritz

16. BIRTHPLACE (city or town) Challis
(State or country) Idaho

17. INFORMANT Catherine May Moritz
(Address) Challis, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Challis, Idaho Date Aug. 6, 1936

19. UNDERTAKER Thompson
(Address) Challis

20. FILED Aug. 4, 1936 Challis
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 100039Local Registrar's No. 230

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1936

22. I HEREBY CERTIFY, That I attended deceased from
Aug. 5, 1936, to Aug. 5, 1936

I last saw him alive on Aug. 5, 1936, death is said
to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:
Stillborn

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also
the following:
Accident, suicide, or homicide?..... Date of injury... 1936.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation
of deceased?.... If so, specify

(Signed) Everett R. Ross 1st Lt. Med. Res.
(Address) Challis, Idaho M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

155-111024-244
PLACE OF BIRTH
County of Gooding
City of Gooding
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ray Columbus Jenkins

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ } 6. Premature Yes 7. Legitimate? Yes 8. Date of birth 8-11, 1936 (Month, Day, Year)

9. Full name FATHER William Jenkins 18. Full maiden name MOTHER Irene Cunningham

10. Residence (usual place of abode) (If non-resident, give place and State) Hagerman 19. Residence (usual place of abode) (If non-resident, give place and State) Hagerman

11. Color or race W 12. Age at last birthday 20 (years) 20. Color or race W 21. Age at last birthday 18 (years)

13. Birthplace (city or place) (State or Country) Hagerman 22. Birthplace (city or place) (State or Country) Cashen Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. faber 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7th mo { months or weeks } 30. Cause of stillbirth { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8a m. on the date above stated.

(Born Alive or Stillborn)

(Signed) J. H. Connell, M. D.

or _____, Midwife

Address Gooding Idaho

Filed 8-31, 1936 J. H. Connell

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gorduy Ida
City of "

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100043

SEP 8 1936 RECEIVED

Registration District No. 24

Primary Registration District No. "

Local Registrar's No. 282

(No. Gorduy Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME unnamed & Deceased

(a) Residence. No. " St. "

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓
6. DATE OF BIRTH (month, day, and year) 8-12-36
7. AGE Years 0 Months 0 Days 0 If LESS than 1 day (hrs. or min.) 0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (mo. and yr.) " 11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Gorduy Ida

13. NAME Mr. W. J. Jackson

14. BIRTHPLACE (city or town) (State or country) Hagerman Ida

15. MAIDEN NAME Fern I. Conroy Lane

16. BIRTHPLACE (city or town) (State or country) Lyons Idaho

17. INFORMANT (Address) Mr. W. J. Jackson Hagerman

18. BURIAL, CREMATION OR REMOVAL Place Hagerman Date 8-13, 1936

19. UNDERTAKER (Address) none

20. FILED 8-13, 1936 J. A. Conroy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-12-1936

22. I HEREBY CERTIFY, That I attended deceased from ", 193", to ", 193".

I last saw h✓ alive on ", 193"; death is said to have occurred on the date stated above, at " m. The principal cause of death and related causes of importance were as follows:

Stillborn gestation period - No milk
Race unknown
Other contributory causes of importance: "

Name of operation none Date of "
What test confirmed diagnosis? " Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? " Date of injury ", 193".

Where did injury occur? " (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. "

Manner of injury "

Nature of injury "

24. Was disease or injury in any way related to occupation of deceased? no If so, specify "

(Signed) J. A. Conroy M. D.
(Address) Gorduy Ida

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

565-117-228-315
PLACE OF BIRTH **SEP 9 1936** STATE OF IDAHO
County of Boise DEPARTMENT OF PUBLIC WELFARE
City of Boise BUREAU OF VITAL STATISTICS
No. _____ St. _____ CERTIFICATE OF BIRTH **S 246198**

Registration District No. 30 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 1050 Local Registrar's No. 49-A
FULL NAME OF CHILD Ronald William Novak
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Aug 17</u> 19 <u>36</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? FT

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER	MOTHER
FULL NAME <u>William E. Novak</u>	FULL MAIDEN NAME <u>Geneva E. Langseth</u>
Residence (Usual place of abode) <u>Boise, Idaho</u>	Residence (Usual place of abode) <u>Boise, Idaho</u>

If non-resident, give place and State _____

Color or race W Age at last Birthday 30 (Years)

Birthplace Montana (City and State or County)

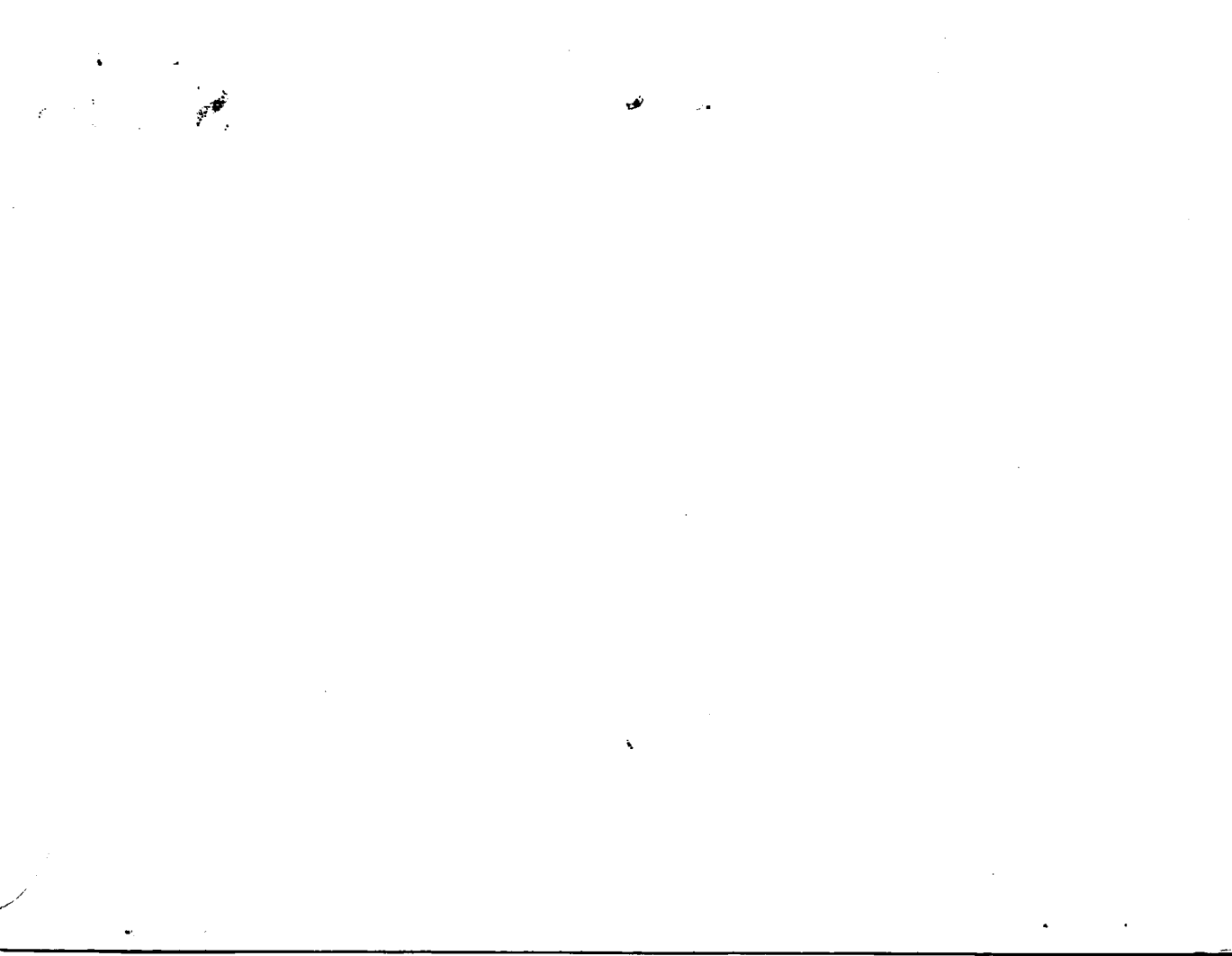
Occupation Laborer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn ^{Born alive} at 8:11:15 P. M. on the date above stated. Full Term: yes (Signature) J. Hubert Auger M.D.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife) Boise, Idaho
Address _____
Filed Aug. 31, 1936 E. L. Spohn, M.D. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 30Primary Registration District No. 1050(No. 1)

State File No. _____

DO NOT WRITE IN THIS SPACE

100065

Local Registrar's No. 158

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ronald Wm. Novak (Infant)(a) Residence. No. 719-A St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) August 17/36

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) _____

13. NAME Wm. Novak

14. BIRTHPLACE (city or town) S. Dakota
(State or country) _____

15. MAIDEN NAME Gemma Langseth

16. BIRTHPLACE (city or town) Montana
(State or country) _____

17. INFORMANT Wm. Novak
(Address) Coeur d'Alene

18. BURIAL West Cemetery
Place Idaho Date August 19 1936

19. UNDERTAKER Maxey Mortuary
(Address) Coeur d'Alene Idaho

20. FILED Aug. 31 1936 E. L. Spohn, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) August 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Birth 1936 to Aug 17 1936

I last saw him live on Birth 1936: death is said

to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Collapsed cord during birth.

Other contributory causes of importance:

Very large antenatal baby.

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Dr. Hubert Sturges, M.D.(Address) Coeur d'Alene Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

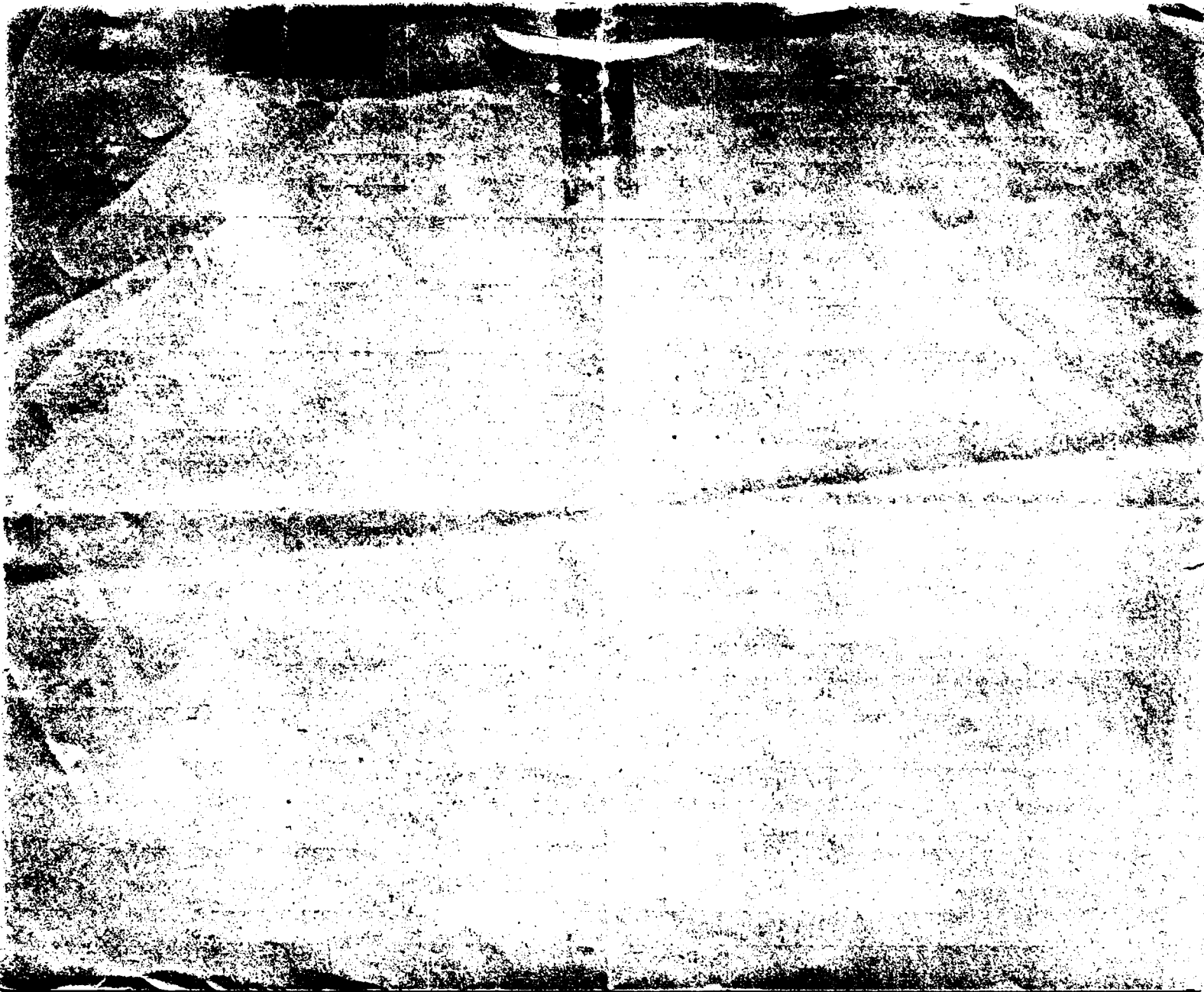
[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		AUG 19 1936 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S CERTIFICATE OF BIRTH 246246	
County of <u>Kootenai</u>		City of <u>Coeur d'Alene, Idaho</u>		No. _____ St. _____		Registration District No. <u>30</u> State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1050</u>		Local Registrar's No. <u>9A</u>			
2. FULL NAME OF CHILD <u>Gerald Cain</u> <u>Stillborn</u>							
3. Sex <u>M</u>		If plural births { 4. Twin, triplet, or other _____		6. Premature _____		7. Legiti- mate? <u>Yes</u>	
		5. Number, in order of birth _____		Full term <u>Yes</u>		8. Date of birth <u>7/9/36</u> , 19 <u>36</u> (Month, Day, Year)	
9. Full name <u>George Howard Cain</u> FATHER				18. Full maiden name <u>Wilma Aliene Oldham</u> MOTHER			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Okanogan, Wash.</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Okanogan, Wash.</u>			
11. Color or race <u>W</u> 12. Age at last birthday <u>31</u> (years)				20. Color or race <u>W</u> 21. Age at last birthday <u>24</u> (years)			
13. Birthplace (city or place) <u>Rosslund, B. C.</u> (State or Country)				22. Birthplace (city or place) <u>Spokane Bridge, Wash.</u> (State or Country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			
16. Date (month and year) last engaged in this work _____, 19____				25. Date (month and year) last engaged in this work _____, 19____			
17. Total time (years) spent in this work _____				26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>AGNO 1%</u>							
28. Number of children of this mother (At time of this birth and including this child) <u>One</u> (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>nine months</u> { months or weeks							
30. Cause of Stillbirth <u>impingement of cord.</u> { Before labor During labor <u>X</u>							
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>3p.</u> m. on the date above stated. (Born Alive or Stillborn)							
(Signed) <u>E. H. Teed</u> , M. D.							
or _____, Midwife							
Address <u>Coeur d'Alene, Idaho</u>							
Filed <u>8-13-</u> , 19 <u>36</u> <u>E. F. Spohn, M. D.</u> Registrar.							

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Rootenac
City of Coeur d'Alene
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100067

Registration District No. 30

AUG 19 1936 RECEIVED

Primary Registration District No. 1050

Local Registrar's No. 143

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gerald Cain

(a) Residence. No. Lakeside Hospital St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1936-7-9

7. AGE Years Months Days If LESS than 1 day 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho

13. NAME Howard Cain

14. BIRTHPLACE (city or town) B. C. Canada
(State or country)

15. MAIDEN NAME Wilma H. Oldham

16. BIRTHPLACE (city or town) Wash.
(State or country)

17. INFORMANT Howard Cain
(Address) Coeur d'Alene, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Coeur d'Alene, Idaho Date 7-10, 1936

19. UNDERTAKER Cassidy Funeral Home
(Address) Coeur d'Alene, Idaho

20. FILED 8-13-1936 E. L. Spohn, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1936, to 7-9, 1936
I last saw him alive on 7-9, 1936: death is said

to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Still born

Other contributory causes of importance:

Compressed Card

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) E. L. Spohn, M.D.

(Address) Coeur d'Alene, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Madison
City of Shishler
No. _____ St. _____
Registration District No. 100 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2178 Local Registrar's No. 159

2. FULL NAME OF CHILD Baby Bradshaw

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other <u>twins</u> 5. Number, in order of birth <u>1</u>	6. Premature <u>Yes</u> Legiti- mate? <u>Yes</u>	7. Date of birth <u>Aug 12, 1936</u> (Month, Day, Year)
-------------------------	--	---	--

8. Full name <u>Edith E. Bradshaw</u>	FATHER	18. Full maiden name <u>Helen Fullmer</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Shishler</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Shishler</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>20</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>17</u> (years)
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fullmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>life</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____, 19____

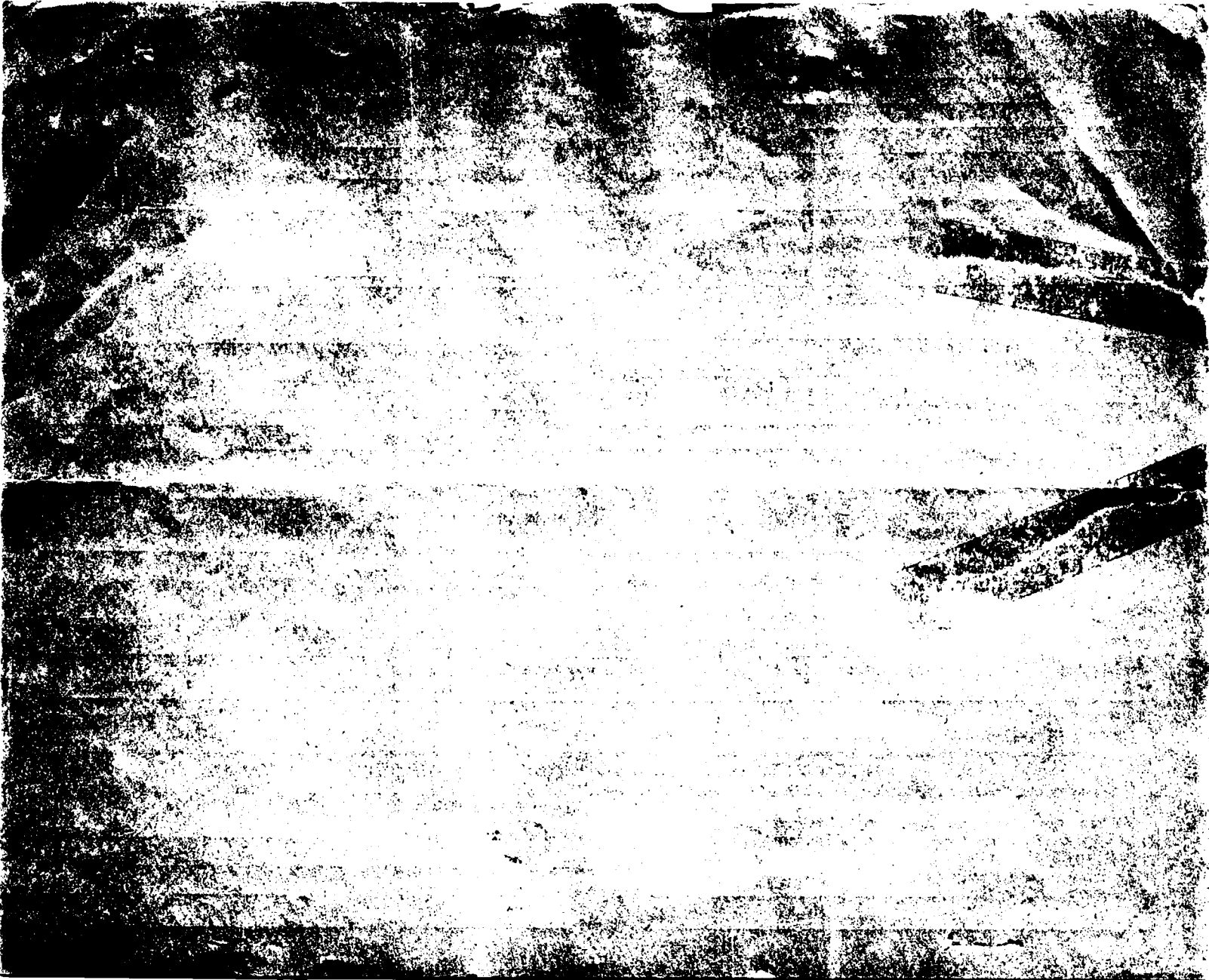
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____

30. Cause of Stillbirth Deliberate of mother { During labor _____ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at 7:40 p.m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Levin R. Rich, M. D.
or _____
Address Lebung Idaho
Filed 9-7- 1936 Mrs. Hayman
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC&U-PATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison
City of Heber

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100137

SEP 11 1936 RECEIVED

Registration District No. 110
Primary Registration District No. 2178

Local Registrar's No. 50

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Bradshaw Swm #1.
(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 12, 1936

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Heber, Id.
(State or country)

13. NAME Leth E. Bradshaw

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Wm. Fullmer

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Leth E. Bradshaw
(Address) Heber, Id.

18. BURIAL, CREMATION, OR REMOVAL
Place buried Date Aug. 13, 1936

19. UNDERTAKER Wm. J. Miller
(Address)

20. FILED 9-4, 1936 Miss Heyman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1936 to Aug 12, 1936

I last saw him alive on Aug 12, 1936; death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Stroke

Other contributory causes of importance:
Albinism of mother

Date of onset

4 weeks

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury _____, 1936
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify _____

(Signed) Wm. J. Miller, M. D.
(Address) Heber, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

Gallstones *May 1, 1928*

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

3390-291-212-037.643

1. PLACE OF BIRTH
County of Madison
City of Libbard
No. _____ St. _____

SEP 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 246316

Registration District No. 100 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2178 Local Registrar's No. 160

2. FULL NAME OF CHILD

Baby Bradshaw

3. Sex Female If plural births { 4. Twin, triplet, or other single 5. Number, in order of birth 2 6. Premature no 7. Legitimate? yes 8. Date of birth Aug 12 1936 (Month/Day, Year)

9. Full name FATHER Leith E. Bradshaw 18. Full maiden name MOTHER Vera Fullmer

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 20 (years) 20. Color or race white 21. Age at last birthday 17 (years)

13. Birthplace (city or place) (State or Country) Idaho 22. Birthplace (city or place) (State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work life 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth Albinism of mother { During labor _____ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 7:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

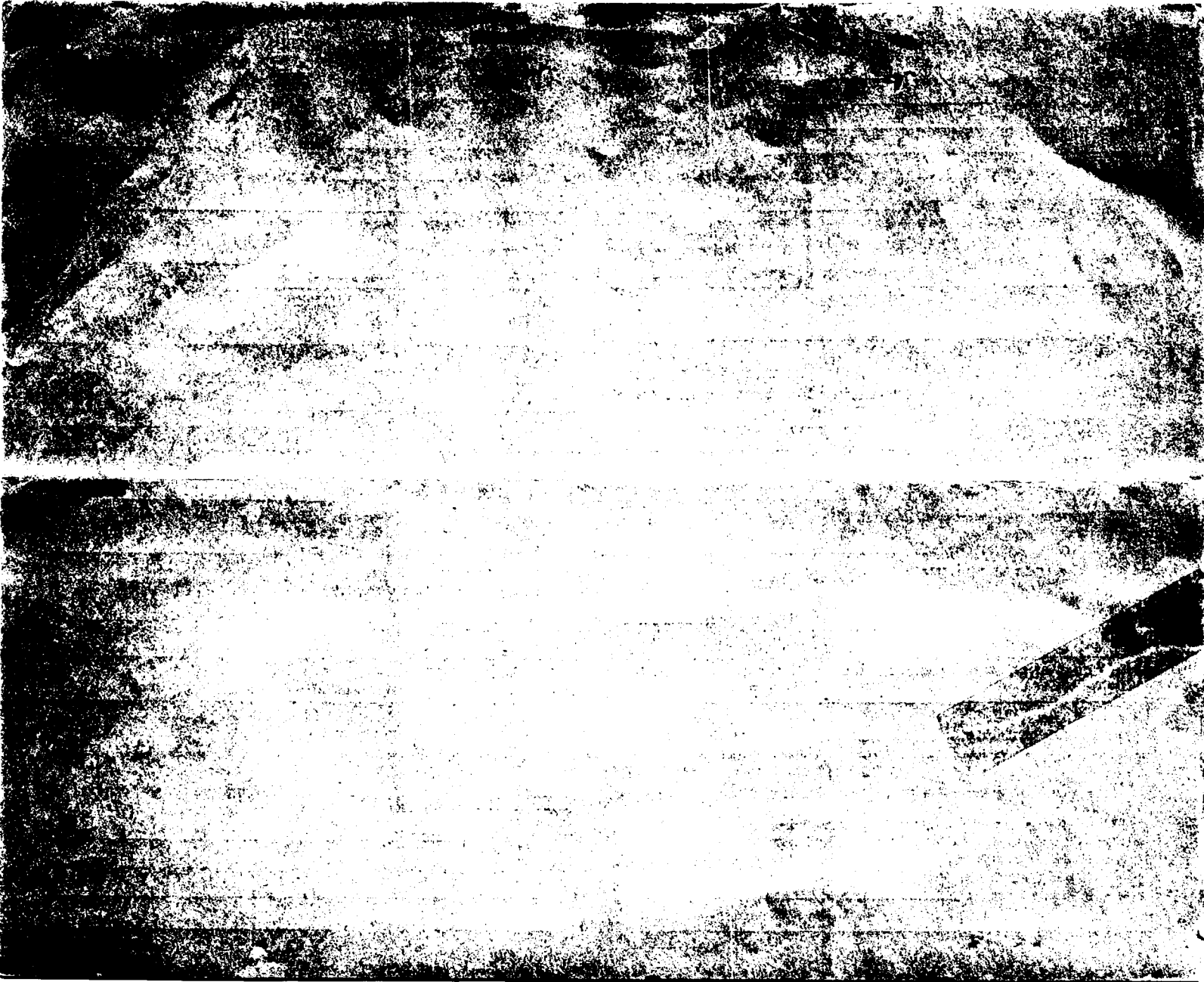
(Signed) Louis S. Rich, M. D.

or _____, Midwife

Address Rexburg Idaho

Filed 9-7- 1936 Mrs. J. C. Young

Registrar.



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGU-PATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **100136**

County of Madison
City of Hisbard

Registration District No. 180
Primary Registration District No. 2178

Local Registrar's No. 51

SEP 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Bradshaw

swim #2206

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 12 1936

7. AGE Years Months Days If LESS than
1 day, hrs. or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country) Hisbard, Ida.

13. NAME Seth E. Bradshaw

14. BIRTHPLACE (city or town)
(State or country) Idaho

15. MAIDEN NAME Kera Fullmer

16. BIRTHPLACE (city or town)
(State or country) Idaho

17. INFORMANT Seth E. Bradshaw
(Address) Hisbard, Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Reburied Date Aug 13 1936

19. UNDERTAKER Reburied
(Address) Idaho

20. FILED 9-4, 1936 Mr. Hegarty
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 12 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug 12 1936, to Aug 12 1936I last saw him alive on Sept 10 1936; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance
were as follows:Stillborn

Other contributory causes of importance:

Albuminuria of
mother

Date of onset

4 weeks

Name of operation _____ Date of _____

What test confirmed diagnosis? L Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Wm. H. Kels, M. D.36 (Address) Reburied Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		S 246335	
County of <u>Mandeville</u>		SEP 8 1936		Registration District No. <u>19</u>		State File No. <u>139</u>					
City of <u>Rupert</u>				Prim. Registration District No. <u>2015</u>		Local Registrar's No. <u>139</u>					
2. FULL NAME OF CHILD <u>Baby Boy Mc Gill - Stillborn</u>											
3. Sex <u>M</u>		If plural births		4. Twin, triplet, or other		5. Number, in order of birth		6. Premature		7. Legitimate? <u>Yes</u>	
								8. Date of birth <u>7 12 1936</u>		(Month, Day, Year)	
9. Full name FATHER <u>Luther Mc Gill</u>						18. Full maiden name MOTHER <u>Ada Maud Betts</u>					
10. Residence (usual place of abode) <u>Rupert Ida</u>						19. Residence (usual place of abode) <u>Rupert Ida</u>					
11. Color or race <u>W</u>						20. Color or race <u>W</u>					
12. Age at last birthday <u>39</u> (years)						21. Age at last birthday <u>39</u> (years)					
13. Birthplace (city or place) <u>Hamilton Can</u>						22. Birthplace (city or place) <u>Hamilton Can</u>					
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u>						23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Yes</u>					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Any</u>						24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>None</u>					
16. Date (month and year) last engaged in this work <u>July 1936</u>						25. Date (month and year) last engaged in this work <u>July 1936</u>					
17. Total time (years) spent in this work <u>20</u>						26. Total time (years) spent in this work <u>20</u>					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>											
28. Number of children of this mother <u>8</u> (At time of this birth and including this child)											
(a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>											
29. If stillborn, period of gestation <u>9 mo</u> months or weeks						30. Cause of Stillbirth <u>Malformation</u> Before labor <u>No</u> During labor <u>Yes</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>11:50</u> m. on the date above stated.											
(Born Alive or Stillborn)											
(Signed) <u>Earl C. Jensen</u> M. D.											
or <u>Rupert Idaho</u> Midwife											
Address <u>911</u>											
Filed <u>911</u> 1936 <u>E. H. Moore</u> Registrar.											

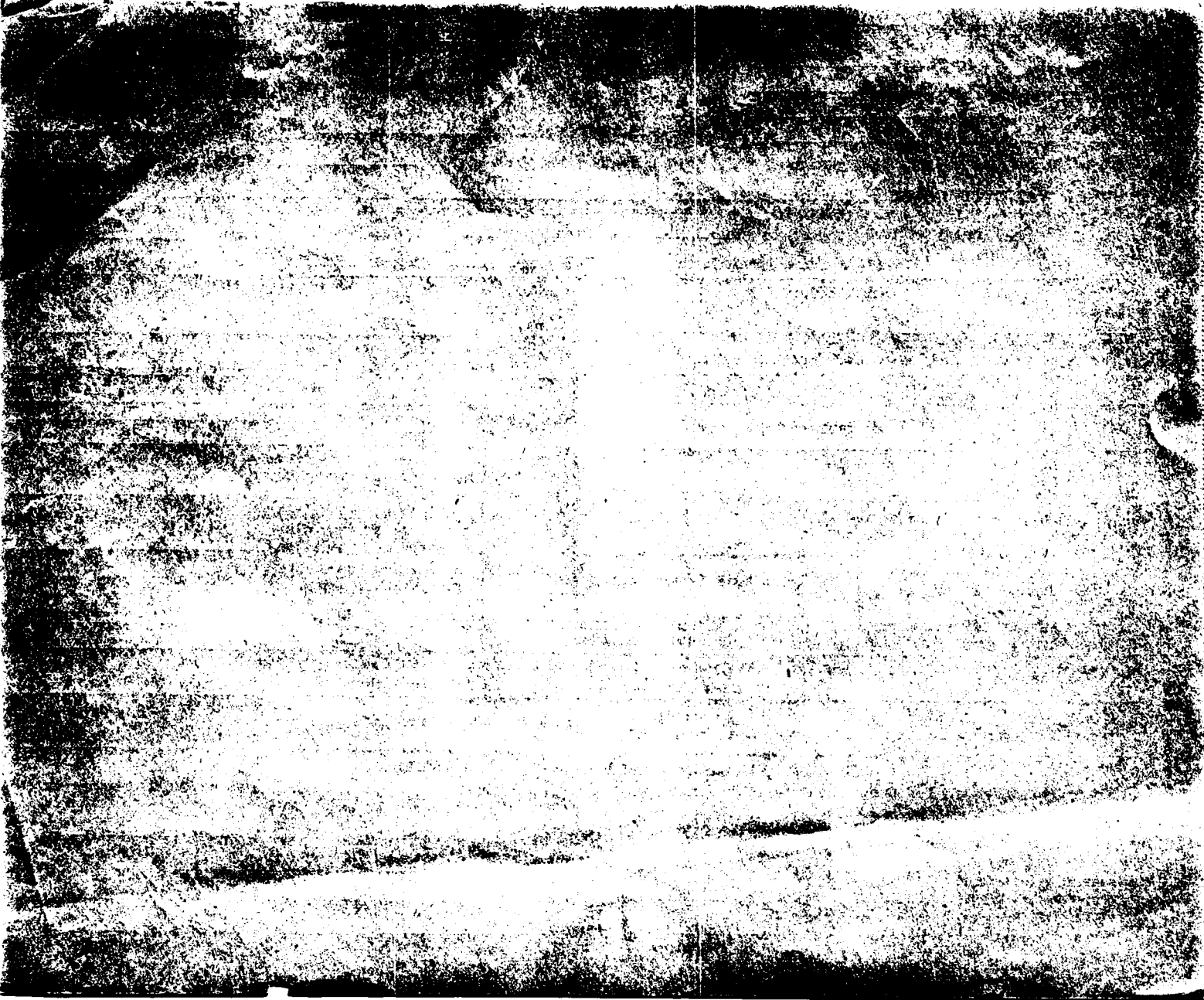
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Missidaka
City of Paul

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

99728

State File No. _____

Registration District No. 19

Primary Registration District No. 2015

Local Registrar's No. 44

1936 RECEIVED

2. FULL NAME M^c Gill (Still Born)

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 13 1936

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rupert Idaho (State or country)

13. NAME Arthur M^c Gill

14. BIRTHPLACE (city or town) Illinois (State or country)

15. MAIDEN NAME Margaret Betts

16. BIRTHPLACE (city or town) Illinois (State or country)

17. INFORMANT Arthur M^c Gill (Address) Rupert Idaho

18. BURIAL, CREMATION OR REMOVAL Place Paul Date July 13 1936

19. UNDERTAKER W. A. Goodman (Address) Rupert Idaho

20. FILED 8/1 1936 W. A. Goodman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-13-36

22. I HEREBY CERTIFY, That I attended deceased from 7-12-36, 193, to 7-13, 1936

I last saw him alive on _____, 193; death is said

to have occurred on the date stated above, at Intestinal

The principal cause of death and related causes of importance were as follows:

Prolapsed Umbilical
Cord

Other contributory causes of importance:

Name of operation Delivery Date of 7-13-36
What test confirmed diagnosis? Diagnosis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) W. A. Goodman M. D.
(Address) Rupert Idaho

APR 17 1973

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		246364	
County of <u>Madison</u>		City of <u>Hamilton</u>		No. <u>1544</u>		St. <u>Main</u>		Registration District No. <u>1009</u>		State File No. <u>96</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>96</u>		Local Registrar's No. <u>1009</u>							
2. FULL NAME OF CHILD <u>Male</u> <u>Pittie</u>											
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other. <u>1</u>		5. Number, in order of birth <u>1</u>		6. Premature <u>yes</u>		7. Legitimate? <u>yes</u>		8. Date of birth <u>8 2 1936</u> (Month, Day, Year)	
9. Full name FATHER <u>Thomas Male Pittie</u>						18. Full maiden name MOTHER <u>Murphy Winona Stevens</u>					
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Clarkston</u>						19. Residence (usual place of abode) (If non-resident, give place and State) <u>Clarkston</u>					
11. Color or race <u>W</u>						12. Age at last birthday <u>35</u> (years)					
13. Birthplace (city or place) (State or Country) <u>Indiana</u>						22. Birthplace (city or place) (State or Country) <u>Calif Wash.</u>					
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>						23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>own farm</u>						24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>					
16. Date (month and year) last engaged in this work <u>4 1936</u>						17. Total time (years) spent in this work <u>3 1/2</u>					
25. Date (month and year) last engaged in this work <u>8 2 1936</u>						26. Total time (years) spent in this work <u>13 1/2</u>					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>											
28. Number of children of this mother <u>4</u> (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>											
29. If stillborn, period of gestation <u>4 mos.</u> { months or weeks											
30. Cause of Stillbirth <u>toxaemia nephritis</u> (a) During labor <u>yes</u> (b) Before labor <u>yes</u>											

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 4 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

(Signed) E. J. White, M. D.

or _____, Midwife

Address Payson, Idaho

Filed Sept 9, 1936

Registrar.

PLACE OF BIRTH

DATE OF BIRTH

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DATE OF BIRTH

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MARGIN RESERVED FOR BINDING
N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nezperce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100152

Registration District No. 1009

SEP 10 1936 RECEIVED

Registration District No. 916

Local Registrar's No. 654

(No. Whites Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bittle

(a) Residence. No.

(Usual place of abode)

St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

8/2/1936

7. AGE

Years

Months

Days

If LESS than 1 day, ... hrs. or ... min.

Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Ida.

13. NAME Thomas Bittle

14. BIRTHPLACE (city or town) Ill.
(State or country)

15. MAIDEN NAME Winona Stevens

16. BIRTHPLACE (city or town) Hay.
(State or country) Wash.

17. INFORMANT Thomas Bittle
(Address) Clarkston, Wash

18. BURIAL, Clarkston, Wash
Place Lewiston, Ida Date 8/4/36 193...

19. UNDERTAKER H. R. Merchant
(Address) Clarkston Wash

20. FILED Aug 6, 1936 M. H. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 193...., to 193....

I last saw h... alive on 193...; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Still born

Date of onset Aug 2 1936

Neuropathic in nature?
Had hemorrhoids more for about week.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? ..

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury... 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. L. White M. D.
(Address) Lewiston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

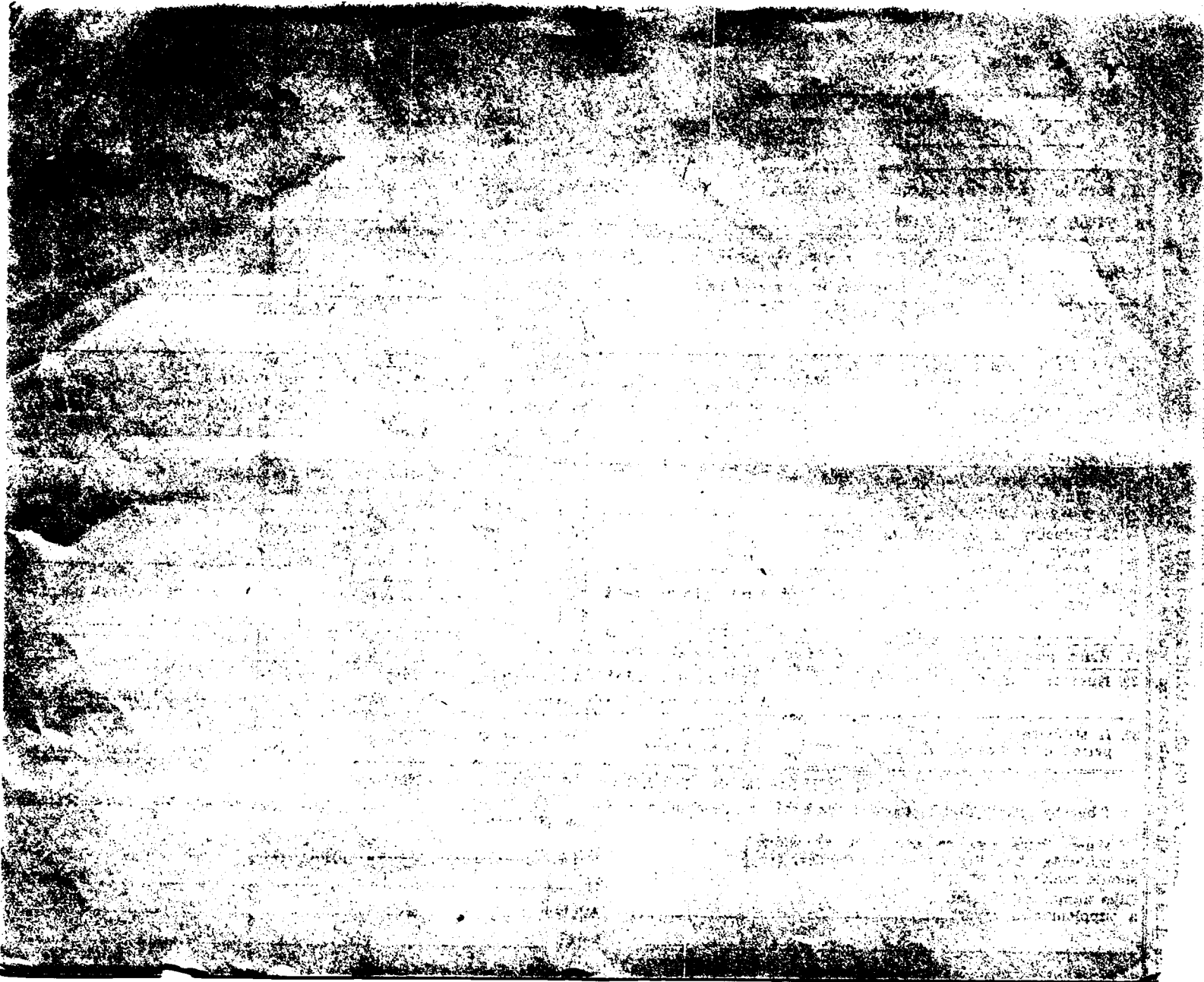
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ALL WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Nez Perce</u> City of <u>Lewiston</u> No. <u>Saint Joseph's Hospital</u> St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S
Registration District No. <u>1009</u>		State File No. <u>246369</u>		
(If born in hospital or institution give name.)		Prim. Registration District No. <u>96</u>		Local Registrar's No. <u>Stillborn</u>
2. FULL NAME OF CHILD <u>Male Infant—Donald Boyd Parker</u>				
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. <u>-</u>	6. Premature <u>-</u>	7. Legitimate? <u>Yes</u>
		5. Number, in order of birth <u>-</u>	Full term <u>Yes</u>	8. Date of birth <u>8-24, 1936</u> (Month, Day, Year)
9. Full name <u>Roy Lewis Parker</u>		18. Full maiden name <u>Gladys Lavida Taylor</u>		
10. Residence (usual place of abode) <u>Caldesac Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Caldesac Idaho</u> (If non-resident, give place and State)		
11. Color or race <u>White</u>		20. Color or race <u>White</u>		
12. Age at last birthday <u>32</u> (years)		21. Age at last birthday <u>29</u> (years)		
13. Birthplace (city or place) <u>Nez Perce County Idaho</u> (State or Country)		22. Birthplace (city or place) <u>Cloverland Washington</u> (State or Country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
	16. Date (month and year) last engaged in this work <u>At Present, 1936</u>			25. Date (month and year) last engaged in this work <u>At Present, 1936</u>
17. Total time (years) spent in this work <u>19</u>		26. Total time (years) spent in this work <u>10</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>HgNO3 1 dr</u>				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>One</u>				
29. If stillborn, period of gestation <u>Ten lunar</u> { months or weeks		30. Cause of stillbirth { Before labor <u>INTRA UTERINE</u> During labor <u>HEMORRHAGE</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>8:20</u> p.m. on the date above stated. (Born Alive or Stillborn)	
When there was no attending physician or midwife, then the father, householder, etc., should make this return.	(Signed) <u>M. J. McCracken</u> , M. D.
Give name added from a supplemental report	or _____, Midwife
(Date of)	Address <u>Lewiston Idaho</u>
Registrar.	Filed <u>Aug 28</u> , 1936 <u>M. N. Cooney</u> <u>m.c.</u> Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100151

Registration District No. 1009

SEP 12 1936 RECEIVED

Registration District No. 96

Local Registrar's No. 674

(No. St. Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Donald Boyd Parker

(a) Residence. No. St. Cuthbert, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

Aug. 24, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

13. NAME Roy Parker

14. BIRTHPLACE (city or town) Ferdinand (State or country) Idaho

15. MAIDEN NAME Gladys Taylor

16. BIRTHPLACE (city or town) Clavertland (State or country) Wash.

17. INFORMANT Roy Parker (Address) Lewiston, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Caldesee, Idaho Date Aug 26, 1936

19. UNDERTAKER Brower, Wann Co. (Address) Lewiston, Idaho

20. FILED Sept 5, 1936 M. C. Caskey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from 8:24, 1936, to 8:24, 1936.

I last saw him alive on 8:24, 1936; death is said to have occurred on the date stated above, at 8:20 p.m. The principal cause of death and related causes of importance were as follows:

Still born due to INTRACRANIAL Hemorrhage

Other contributory causes of importance:

Name of operation Clinical findings Date of 8-24-36

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 1936

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. C. Caskey, M. D. (Address) Lewiston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH		STATE OF MISSOURI		DEPARTMENT OF PUBLIC HEALTH		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		246410	
County of <u>Payette</u>		City of <u>Payette</u>		No. <u>4</u>		St. <u>4</u>		Registration District No. <u>4</u>		State File No. <u>1008</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1008</u>		Local Registrar's No. <u>93</u>							
2. FULL NAME OF CHILD <u>Roscoe Wells</u> <u>Stillborn</u>											
3. Sex <u>Male</u>		4. Twin, triplet, or other <u>1</u>		5. Premature <u>✓</u>		6. Legiti- mate? <u>yes</u>		7. Date of birth <u>May 2, 1936</u> (Month, Day, Year)			
8. Full name <u>Harry Wells</u>		FATHER		18. Full maiden name <u>Lettie Pemberton</u>		MOTHER					
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Payette</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Payette</u>		20. Color or race <u>W</u>		21. Age at last birthday <u>1</u> (years)		22. Birthplace (city or place) (State or country) <u>Kentucky</u>		23. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc. <u>Laborer</u>	
11. Color or race <u>W</u>		12. Age at last birthday <u>1</u> (years)		13. Birthplace (city or place) (State or country) <u>Colorado</u>		14. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc. <u>Laborer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Laborer</u>		16. Date (month and year) last engaged in this work <u>19</u>	
17. Total time (years) spent in this work <u>19</u>		18. Full maiden name <u>Lettie Pemberton</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Payette</u>		20. Color or race <u>W</u>		21. Age at last birthday <u>1</u> (years)		22. Birthplace (city or place) (State or country) <u>Kentucky</u>	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>		25. Date (month and year) last engaged in this work <u>19</u>		26. Total time (years) spent in this work <u>19</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Agglut</u>		28. Number of children of this mother (At time of this birth and including this child) <u>6</u>	
29. If stillborn, period of gestation <u>6mo</u> months or weeks		30. Cause of stillbirth <u>Prematurely</u>		(a) Born alive and now living <u>6</u>		(b) Born alive but now dead <u>6</u>		(c) Stillborn <u>6</u>		Before labor <u>✓</u>	
During labor <u>✓</u>											

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

Registrar.

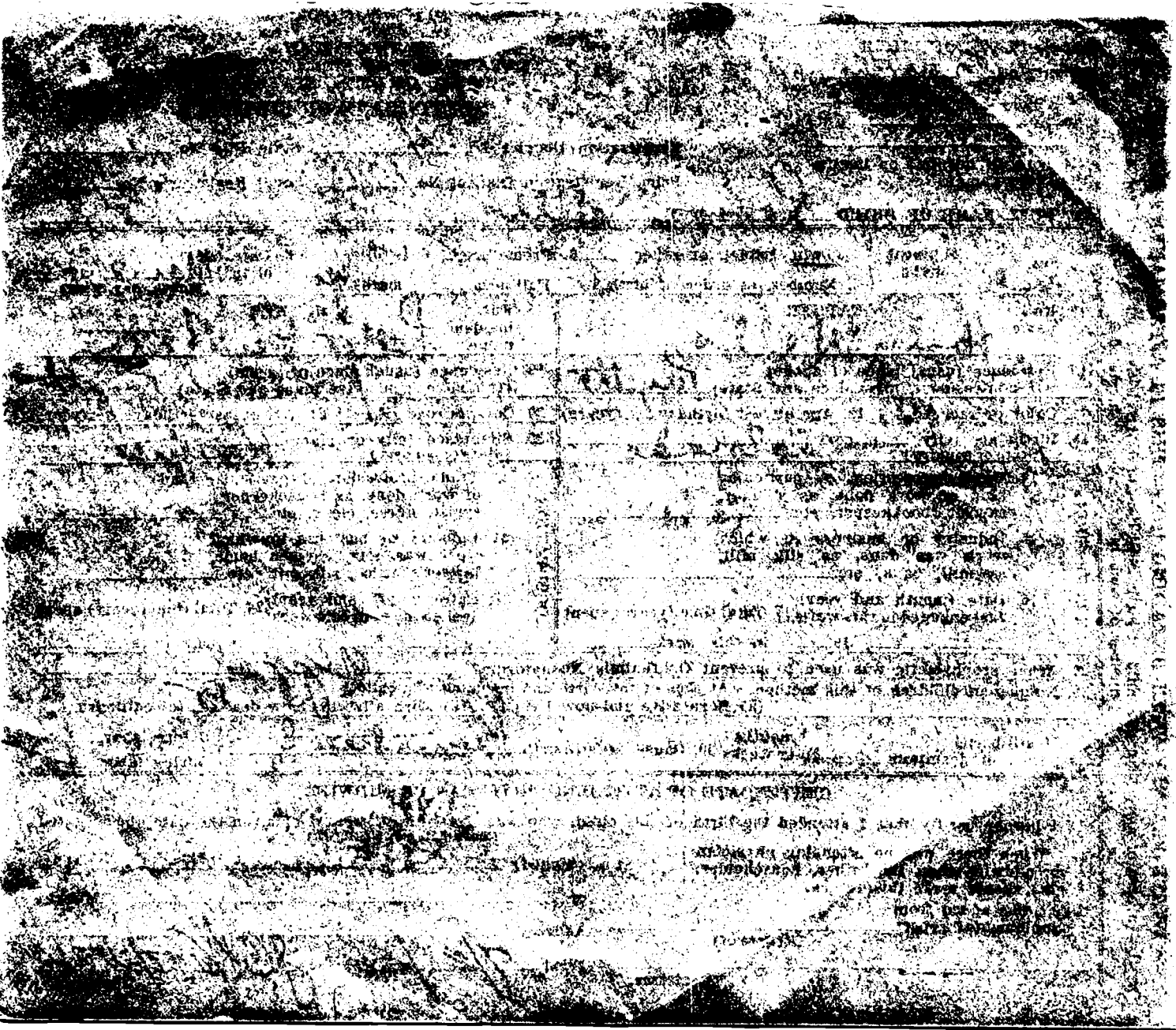
(Signed) Stallman, M. D.

or _____, Midwife

Address

Filed

7/28/36 193 J. C. Woodward
Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of PayetteCity of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 4-1008Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

98113

State File No. _____

Local Registrar's No. 20

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roscoe Wells

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>none</u>

6. DATE OF BIRTH (month, day, and year) 3-2-1936

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>baby</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (mo. and yr.)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho13. NAME Harry Wells14. BIRTHPLACE (city or town) Idaho
(State or country) Idaho15. MAIDEN NAME Lottie Pemberton16. BIRTHPLACE (city or town) Kentucky
(State or country)17. INFORMANT Harry Wells
(Address) Payette Idaho18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 3-2-193619. UNDERTAKER Glen C. Linder
(Address) Payette Idaho20. FILED 3/3/36 1936 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 2 193622. I HEREBY CERTIFY, That I attended deceased from
Birth 3-2, 1936 to Death 3-2, 1936I last saw him alive on 3-2, 1936; death is saidto have occurred on the date stated above, at 29 m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Mar. 2-1936

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) J. C. Woodward, M. D.(Address) Payette

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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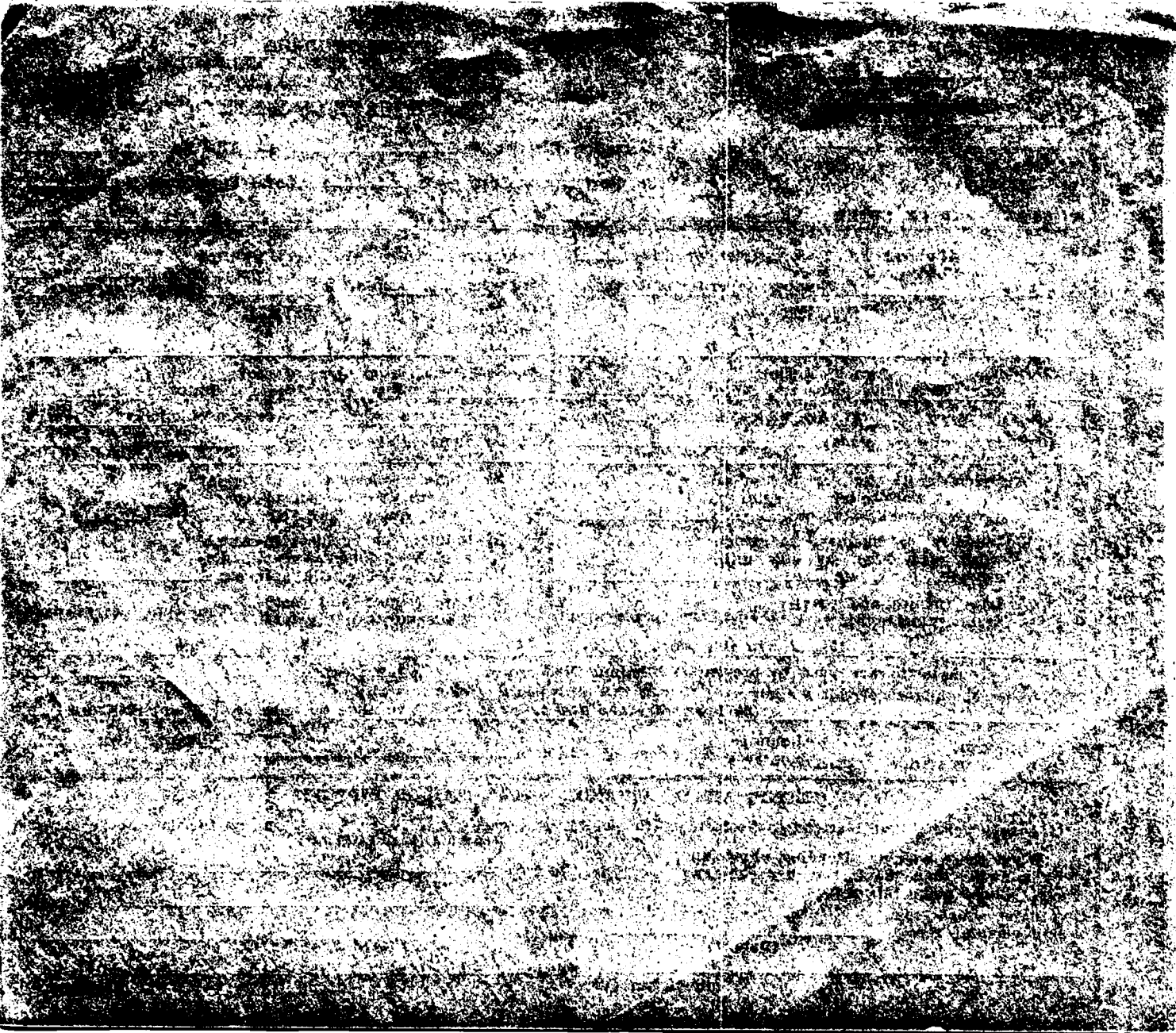
.....

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH
 County of Payette **SEP 14 1936 RECEIVED**
 City of Payette
 No. 4
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH
 S 246411
 Registration District No. 4 State File No. 1008
 (If born in hospital or institution give name.) Prim. Registration District No. 1008 Local Registrar's No. 94
 2. FULL NAME OF CHILD Sutton Wells Stillborn
 3. Sex male If plural births { 4. Twin, triplet, or other 02 5. Number, in order of birth 2 6. Premature ✓ 7. Legitimate yes 8. Date of birth Mar. 2, 1936
 9. Full name Harry Wells FATHER 18. Full maiden name Lottie Penhryn MOTHER
 10. Residence (usual place of abode) Payette 19. Residence (usual place of abode) Payette
 (If non-resident, give place and State) (If non-resident, give place and State)
 11. Color or race W 12. Age at last birthday (years) 2 20. Color or race W 21. Age at last birthday (years) 2
 13. Birthplace (city or place) Colorado 22. Birthplace (city or place) Kendall
 (State or country) (State or country)
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. laborer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife
 16. Date (month and year) last engaged in this work 1936 25. Date (month and year) last engaged in this work 1936
 17. Total time (years) spent in this work 19 26. Total time (years) spent in this work 19
 27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyal
 28. Number of children of this mother (At time of this birth and including this child) 1
 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
 29. If stillborn, period of gestation 6 months 30. Cause of stillbirth Premature
 Before labor ✓
 During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was born at Payette, Idaho on the date above stated.
 (Born Alive or Stillborn)
 { When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
 Give name added from a supplemental report. John J. Woodward
 (Date of) 7/28/36
 Registrar. J. J. Woodward
 (Signed) J. J. Woodward, M. D.
 or _____, Midwife
 Address _____
 Filed 7/28/36, 1936
 Registrar. J. J. Woodward



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Payette
City of Payette

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

State File No. _____

98116

Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sydney Wells

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) Mar 2 - '36

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho

13. NAME Harry Wells

14. BIRTHPLACE (city or town) Idaho
(State or country) Idaho

15. MAIDEN NAME Lottie Penland

16. BIRTHPLACE (city or town) Idaho
(State or country) Idaho

17. INFORMANT Harry Wells
(Address) Payette Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette Idaho Date 3-2-1936

19. UNDERTAKER Gleason C. Jordan
(Address) Payette Idaho

20. FILED 3/3/36 1936 J. C. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar 2 1936

22. I HEREBY CERTIFY, That I attended deceased from
Birth 3-2-1936 to Death 3-2-1936

I last saw him alive on Mar 2, 1936; death is said to have occurred on the date stated above, at 2 m. The principal cause of death and related causes of importance were as follows:

Prematurely

Date of onset

Mar 2 1936

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____, specify _____

(Signed) J. C. Woodward M. D.(Address) Payette Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 918-113-040-385 PLACE OF BIRTH SEP 14 1936 RECEIVED
County of Shoshone
City of Kellogg
No. _____ St. Wardner Hospital
(If born in hospital or institution give name.)
Registration District No. 123 State File No. _____
Prim. Registration District No. 2201 Local Registrar's No. 63
2. FULL NAME OF CHILD Linney, Harold Raymond
8. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth August 13, 1936
(Month, Day, Year)
9. Full name FATHER Linney, Roy Elwood 18. Full maiden name MOTHER Soper, Christina
10. Residence (usual place of abode) Kellogg, Idaho 19. Residence (usual place of abode) Kellogg, Idaho
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 30 (years) 20. Color or race W 21. Age at last birthday 31 (years)
13. Birthplace (city or place) Kellogg, Idaho 22. Birthplace (city or place) Dewitt, Nebraska
(State or Country) (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. laborer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation full term { months _____ or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 2:35 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

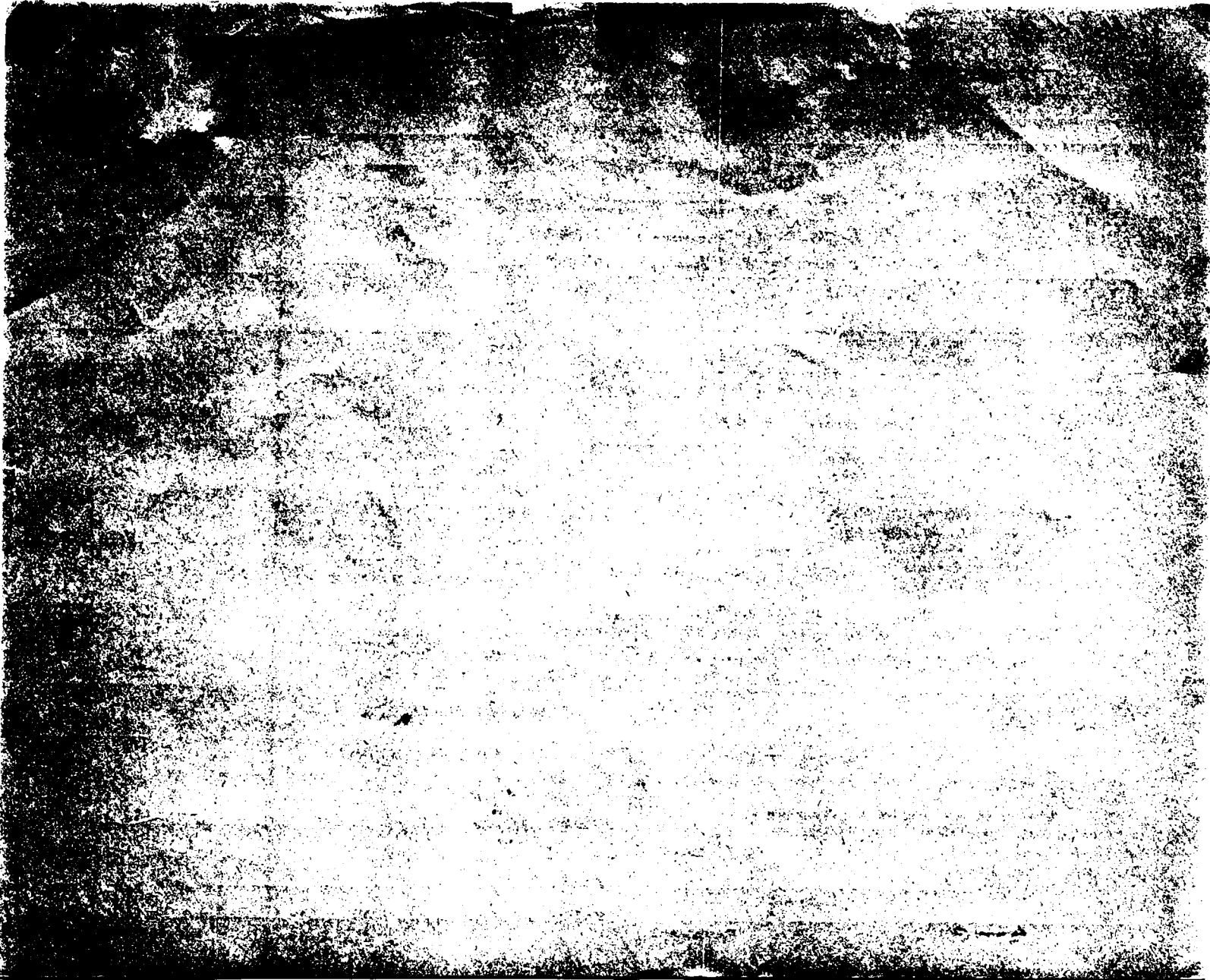
(Signed) Harold T. Anderson, M. D.

or _____, Midwife

Address _____

Filed Sept. 10, 1936

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of ShoshoneCity of KelloggSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 123Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

100574

State File No. 59

SEP 14 1936 RECEIVED

(No. 206)
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Harold Raymond Linney(a) Residence. No. 51

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race w 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as carpenter, sawyer, bookkeeper, etc.9. Industry or business in which work was done, as milk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kellogg, Idaho
(State or country)13. NAME Ray Linney14. BIRTHPLACE (city or town) Idaho
(State or country)15. MAIDEN NAME Christina Soper16. BIRTHPLACE (city or town) Nebraska
(State or country)17. INFORMANT Ray Linney
(Address) Kellogg, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Kellogg, Idaho Date Sept. 14, 193619. UNDERTAKER Mrs. J. H. Soper
(Address) Kellogg, Idaho20. FILED Sept. 10, 1936 Mrs. J. H. Soper
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-13-193622. I HEREBY CERTIFY, That I attended deceased from 8-13-1936 to 8-13-1936I last saw him alive on 8-13-1936; death is said to have occurred on the date stated above, at 2:35 p.m.
The principal cause of death and related causes of importance were as follows:Stillborn Date of onset 8-13-36

Other contributory causes of importance:

Labor difficultName of operation Delivery Date of 8-13-36What test confirmed diagnosis? — Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 1936.Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? No. If so, specify(Signed) Harold T. Anderson, M.D.(Address) Kellogg, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

SEP-18 1936 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
S 246508

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls, Idaho
No. _____ St. _____
Registration District No. 37 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2085 Local Registrar's No. 436

2. FULL NAME OF CHILD Nancy Lee Holloway

3. Sex <u>Female</u>	4. Twin, triplet, or other <u>1</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>No</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>August 2, 1936</u> (Month, Day, Year)
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9. Full name <u>Ray Elmer Holloway</u> FATHER	18. Full maiden name <u>Emily Baker</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State.) <u>Twin Falls, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State.) <u>Twin Falls, Idaho</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>35</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>24</u> (years)
13. Birthplace (city or place) (State or Country) <u>Harlem, N.Y.</u>	22. Birthplace (city or place) (State or Country) <u>Boston, Mass.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Farmer</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Resided Farm</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u> </u>	17. Total time (years) spent in this work <u>4</u>	25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u> </u>	26. Total time (years) spent in this work <u>3</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

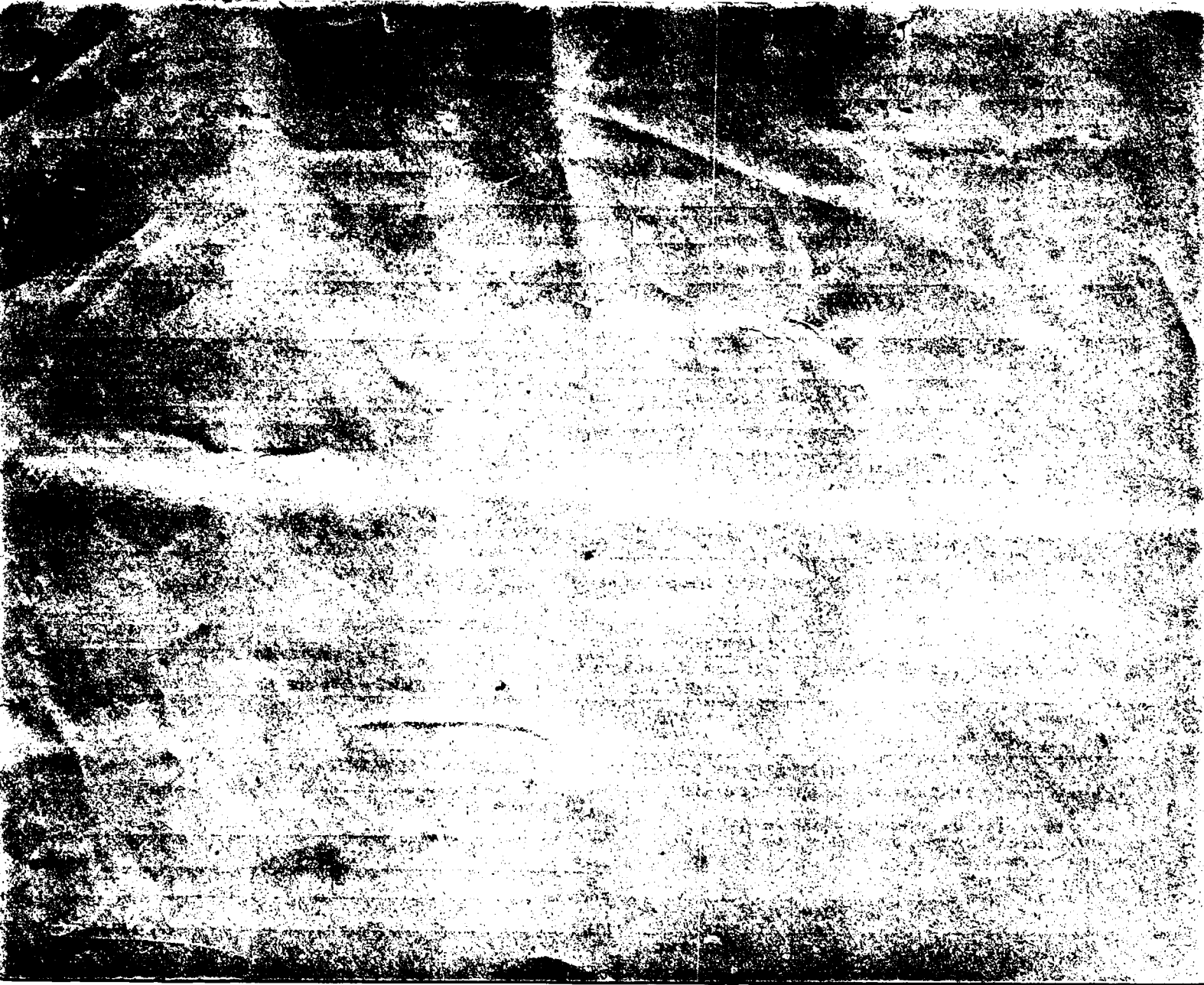
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ m. on the date above stated.
(Born alive or Stillborn)
(Signed) Charles B. Rayner, M. D.
or _____, Midwife
Address Twin Falls, Idaho
Filed 9-3, 1936
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37

DO NOT WRITE IN THIS SPACE

State File No. 100209

SEP 12 1936 RECEIVED

Registration District No.

Primary Registration District No. 2085Local Registrar's No. 186(No. Twin Falls Co. Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Nancy Lee Holloway(a) Residence. No. Twin Falls, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>August 22, 1936</u>		
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
		If LESS than 1 day hrs. or min.
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		
10. Date deceased last worked at this occupation (mo. and yr.)		

OCCUPATION

12. BIRTHPLACE (city or town) Twin Falls, Idaho
(State or country)

MOTHER, FATHER

13. NAME Fay Holloway14. BIRTHPLACE (city or town) Harrisonville, Missouri
(State or country)15. MAIDEN NAME Emily Haberer16. BIRTHPLACE (city or town) Bowling, S.D.
(State or country)17. INFORMANT Fay Holloway
(Address) Twin Falls, Idaho R.R. #118. BURIAL, ~~INTERMENT~~ Place Twin Falls Cem. Date 8/24/193619. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho20. FILED 3-1-36, 1936 John H. H. H.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/22/193622. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1936 to Aug. 22, 1936I last saw her at Aug. 22, 1936; death is saidto have occurred on the date stated above, at 3:07 p. m.

The principal cause of death and related causes of importance were as follows:

StillbornDate of onset
Stillborn

Other contributory causes of importance:

Strangulation by umbilical cord
Placenta PraeviaName of operation Caesarian Section Date of 20What test confirmed diagnosis? Chorion Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193...

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so specify _____(Signed) Charles B. Beymer, M. D.(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

SEP 9 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

246558

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. _____ St. _____
Weiser, Gen. Hosp.

Registration District No. 86 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2113 Local Registrar's No. 27

2. FULL NAME OF CHILD Baby Carter

3. Single If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Aug. 31, 1936
5. Number, in order of birth _____ Full term Yes (Month, Day, Year)

9. Full name FATHER Ernest Howard Carter

10. Residence (usual place of abode) (If non-resident, give place and State) Line

11. Color or race White 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Baker, Oregon

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cement Plant

16. Date (month and year) last engaged in this work now 17. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 { months or weeks } 30. Cause of Stillbirth { During labor breach pressure Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

ON CORA

I hereby certify that I attended the birth of this child, who was Stillborn at 4:15 m on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

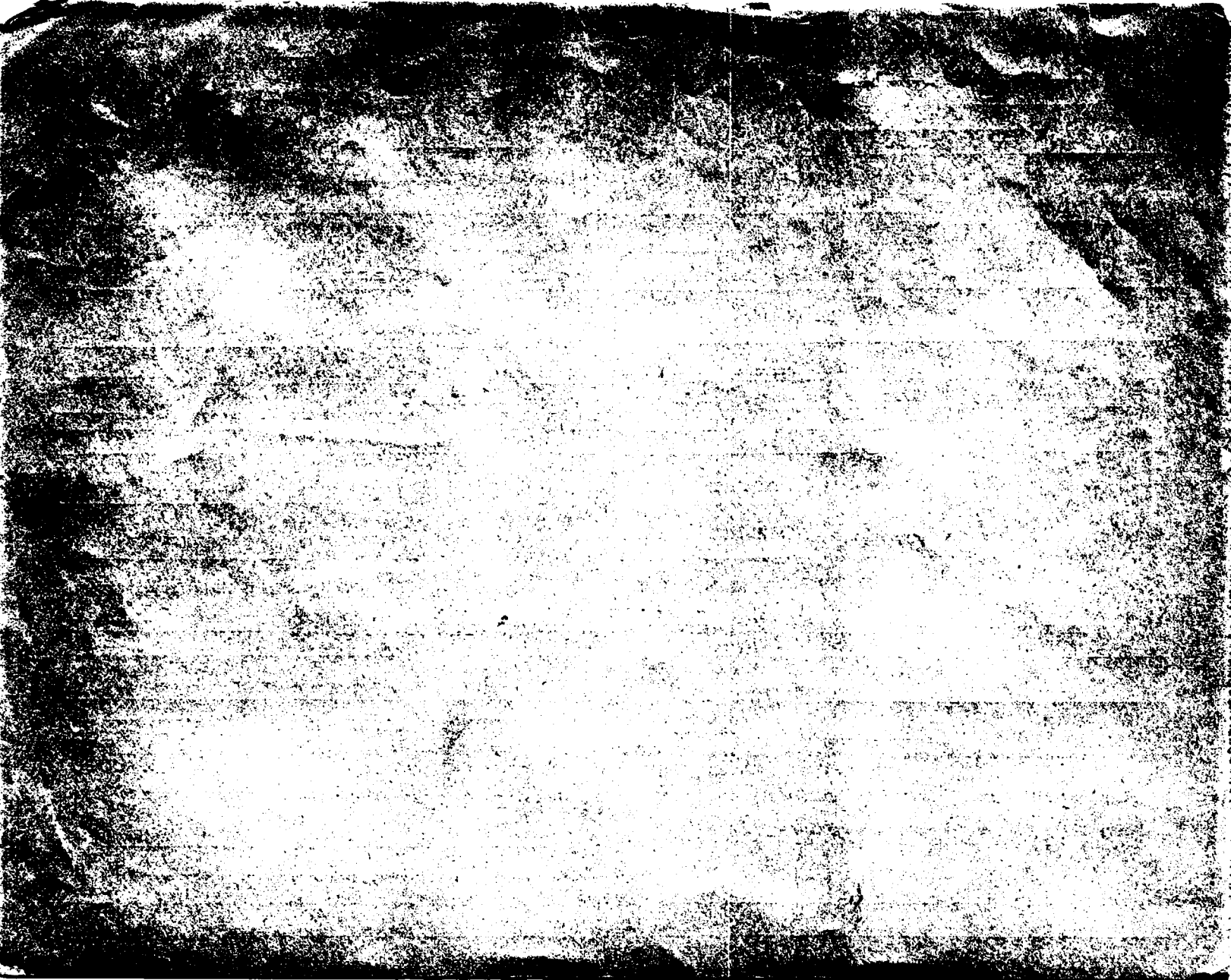
Give name added from a supplemental report _____ (Date of) _____

(Signed) E. Curtis, M. D.

or _____, Midwife

Address Miller Bldg.

Filed Sept 8, 1936 Temma Vanillon Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Washington
City of Weiser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100220

SEP 9 1936 RECEIVED

Registration District No. 86
Primary Registration District No. 2112

Local Registrar's No. 10

(No. 206)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

Baby Carter(a) Residence. No. Leine Oregon St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race wht 5. Single, Married, Widowed or Divorced (write the word) Stillborn
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Aug. 31 - 1936
7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho13. NAME E.H. Carter14. BIRTHPLACE (city or town) (State or country) Oregon15. MAIDEN NAME May Trobin16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT E.H. Carter (Address) Leine Oregon18. BURIAL, CREMATION OR REMOVAL Place Weiser Idaho Date 9-2-193619. UNDERTAKER R.C. Northrup (Address) Weiser Idaho20. FILED Sept 8, 1936 Thomas Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 31 - 193622. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1936, to Aug. 31, 1936. I last saw him alive on Aug. 31, 1936. death is saidto have occurred on the date stated above, at Leine Oregon m. The principal cause of death and related causes of importance were as follows:Stillbirth

Other contributory causes of importance:

Breech with pressure on cord

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) E.H. Carter M. D.(Address) Weiser, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

314-222-001-374
 1. PLACE OF BIRTH **Boise.**
 County of _____
 City of **Ada**
 No. **1617 N 24** St.

~~The Salvation Army Home.~~
 (If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Babv Laughlin

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS *
CERTIFICATE OF BIRTH

246670

Registration District No. **2** State File No. _____
 Prim. Registration District No. **1004** Local Registrar's No. **586**

3. Sex **Girl** If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature _____ Full term **VES** 7. Legitimate? **no** 8. Date of birth **9-2-36**, 1936 (Month, Day, Year)

9. Full name **FATHER**
Clyder LaMar

10. Residence (usual place of abode)
 (If non-resident, give place and State) **Mena Arz**

11. Color or race **W** 12. Age at last birthday **32** (years)

13. Birthplace (city or place)
 (State or Country) **U.S.A.**

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name **MOTHER**
Mona Laughlin

19. Residence (usual place of abode)
 (If non-resident, give place and State) **Jerome Idaho**

20. Color or race **W** 21. Age at last birthday **26** (years)

22. Birthplace (city or place)
 (State or Country) **Colo**

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Bookkeeper**

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? **1% silver nitrate**

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn **YES**

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor **YES** During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **6-45** at **A** m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) **Personney**, M. D.

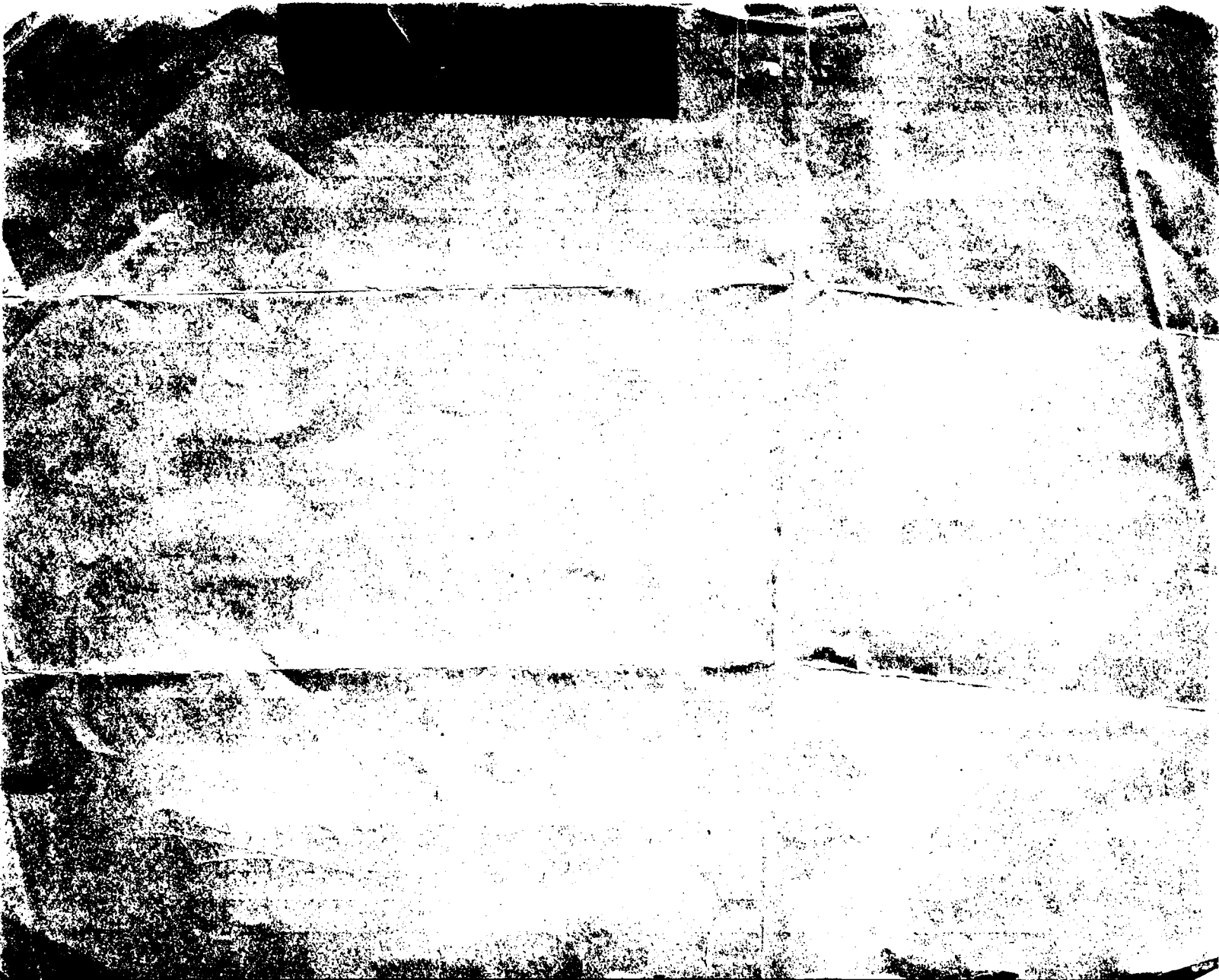
or _____, Midwife

Address _____

Filed **9-11, 1936** **R. Sharp**

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		100270	
County of <u>Ada</u>	City of <u>Boise</u>	CERTIFICATE OF DEATH		State File No. _____	
Registration District No. <u>2</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>290</u>	
OCT 1 1936 RECEIVED		(If death occurred in a hospital or institution, give its name instead of street and number)		<u>706</u>	
2. FULL NAME <u>Baby Lamm</u>					
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) _____			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>9-2-36</u>					
7. AGE Years Months Days	If LESS than 1 day _____ hrs. or _____ min.				
<u>Stillborn</u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation _____			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.) _____					
12. BIRTHPLACE (city or town) (State or country) <u>Boise</u>					
13. NAME <u>Glyda Lamm</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Mona Laughlin</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT (Address) <u>A. Schreiber</u>					
18. BURIAL, CREMATION OR REMOVAL (Place) <u>Ada Co Plt</u> Date <u>9-5-1936</u>					
19. UNDERTAKER (Address) <u>Schreiber & W. Lamm</u>					
20. FILED <u>9-8-1936</u> <u>R. Sharp</u>					
		Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>9-2-1936</u>					
22. I HEREBY CERTIFY That I attended deceased from <u>9-2-1936</u> to <u>9-2-1936</u>					
I last saw him alive on <u>9-2-1936</u> ; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Syphilis of Mother</u>					
Other contributory causes of importance: _____					
Date of onset <u>unknown</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193_____					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____					
(Signed) <u>W. Torney</u> M. D.					
(Address) <u>Boise</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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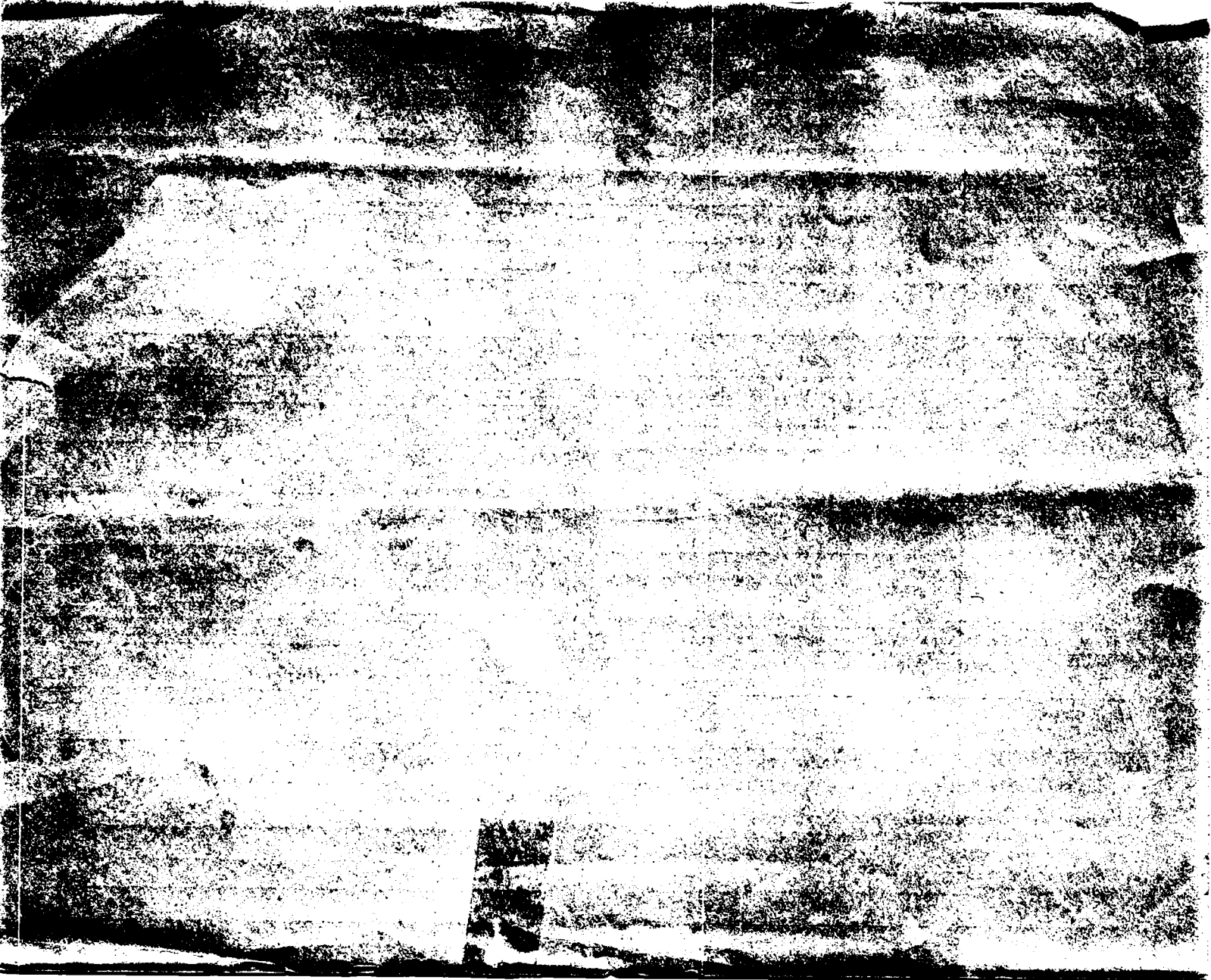
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PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Ada</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Boise Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>St. Stephens Hosp.</u> St.		Registration District No. <u>2</u> State File No. <u>246695</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1004</u> Local Registrar's No. <u>612</u>	
2. FULL NAME OF CHILD <u>Baby Gregory (Stillborn)</u>			
3. Sex <u>M</u>	If plural births <u>4. Twin, triplet, or other</u>	6. Premature <u>Yes</u>	7. Legitimate <u>Yes</u>
	5. Number, in order of birth <u>1</u>	Full term	8. Date of birth <u>9-12-1936</u> (Month, Day, Year)
9. Full name FATHER <u>Ralph Gregory</u>		12. Full maiden name MOTHER <u>Mary Cook</u>	
10. Residence (usual place of abode) <u>1314 2nd St. Boise, Ida.</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>1314 2nd St. Boise, Ida.</u> (If non-resident, give place and State)	
11. Color or race <u>Ir.</u>		20. Color or race <u>Ir.</u>	
12. Age at last birthday <u>42</u> (years)		21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) <u>Wisconsin</u> (State or Country)		22. Birthplace (city or place) <u>Kansas</u> (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeping</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>To date</u> , 19 <u>36</u>		25. Date (month and year) last engaged in this work <u>To date</u> , 19 <u>36</u>	
17. Total time (years) spent in this work <u>6 yrs.</u>		26. Total time (years) spent in this work <u>6 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>5 1/2</u> months or weeks		30. Cause of Stillbirth <u>Premature</u> Before labor <u>-</u> During labor <u>-</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>11:55</u> a.m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>Bruce Dudge</u> , M. D.	
Give name added from a supplemental report		or _____, Midwife	
(Date of)		Address <u>9-21-1936</u>	
Registrar.		Filed <u>9-21-1936</u> Registrar.	



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Adams
City of Meadows
No. _____

2. FULL NAME OF CHILD Don Ann Hinkley

3. Sex female
If plural births {
4. Twin, triplet, or other. ✓
5. Number, in order of birth ✓

6. Premature yes
Full term no

7. Legitimate? yes

8. Date of birth 9-27, 1936
(Month, Day, Year)

9. Full name FATHER Merle Louis Hinkley
10. Residence (usual place of abode) Meadows
(If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) Cayman
(State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Mildred Marie Hopie
19. Residence (usual place of abode) Meadows
(If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) Pollock
(State or Country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Seven { months or weeks
30. Cause of stillbirth not known Before labor two what
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) H. B. Brivett, M. D.
or _____, Midwife
Address Mc Call Idaho
Filed 9-3-1936, 1936
Regist. ALVIN S. THURSTON
COUNCIL, IDAHO
Regist.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
246731

RECEIVED
OCT 6 1936

Registration District No. 71 State File No. _____
Prim. Registration District No. _____ Local Registrar's No. 339

Regist.

Regist.

10000

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Adams
City of Meadows

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 71

Primary Registration District No. _____

DO NOT WRITE IN THIS SPACE

100303

State File No. _____

Local Registrar's No. 142

1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Don Kim Hinkley

(a) Residence, No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9-27-36

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Meadows
(State or country) Idaho

13. NAME Merle Louis Hinkley
14. BIRTHPLACE (city or town) Council
(State or country) Idaho

15. MAIDEN NAME Mildred Marie Haxie
16. BIRTHPLACE (city or town) Pallack
(State or country) Idaho

17. INFORMANT Merle Louis Hinkley
(Address) Meadows Idaho18. BURIAL, CREMATION OR REMOVAL
Place _____ Date _____, 193__19. UNDERTAKER _____
(Address) DR. ALVIN S. THURSTON
COUNCIL, IDAHO20. FILED Oct 3 1936
OC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-27-193622. I HEREBY CERTIFY, That I attended deceased from 9-27, 1936, to _____, 193__I last saw h. Stillborn, 193__ : death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn
Cause not known.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Dr. Alvin S. Thurston M. D.(Address) McCall Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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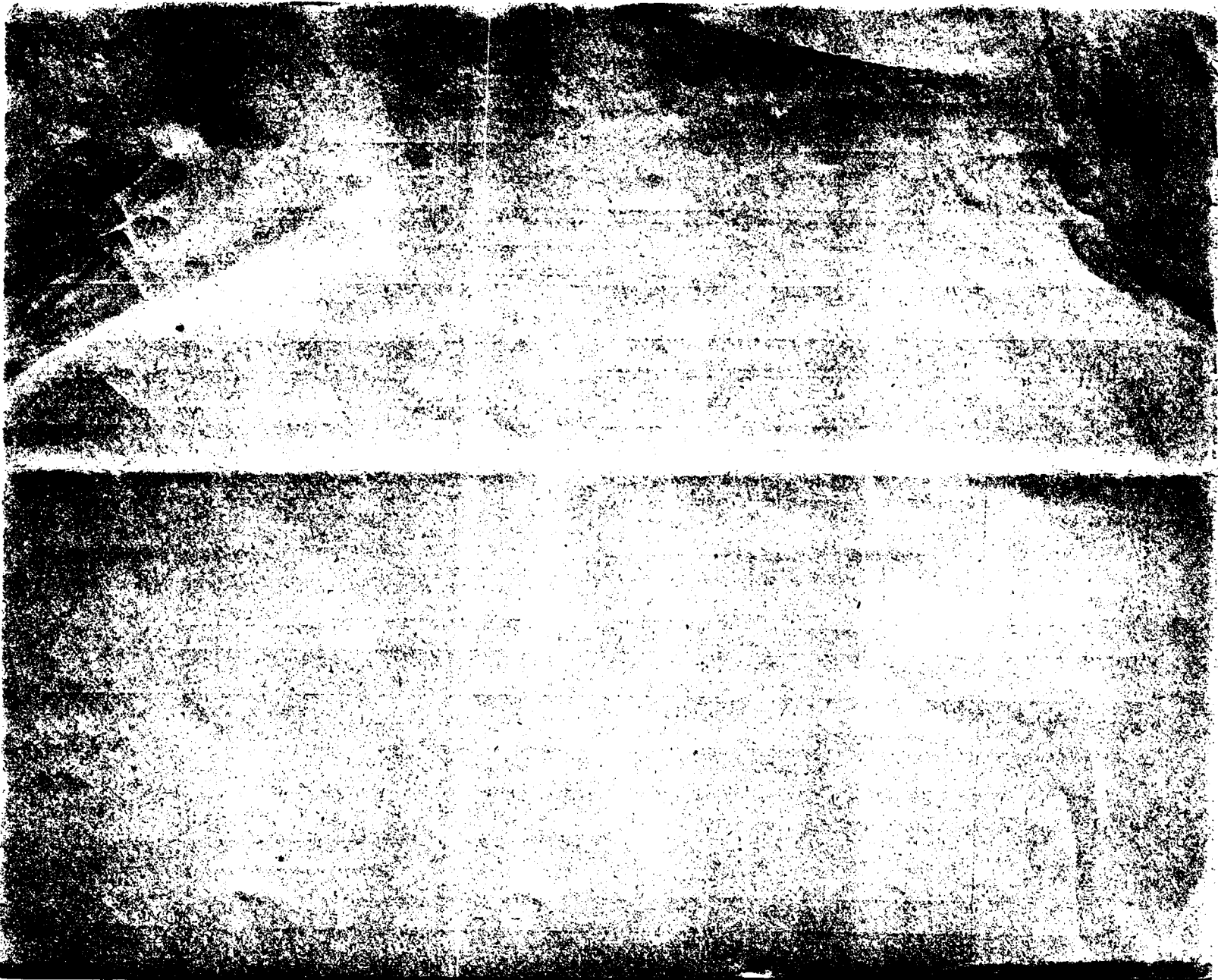
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		OCT 8 1936 RECEIVED		STATE OF IDAHO	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
City of <u>Lava Hot Springs</u>		CERTIFICATE OF BIRTH		S 246747	
No. _____ St.		Registration District No. <u>84</u>		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2161</u>		Local Registrar's No. <u>98</u>	
2. FULL NAME OF CHILD <u>Erdu Byington</u>					
3. Sex <u>Female</u>		4. Twin, triplet, or other _____		5. Number, in order of birth _____	
6. Premature <u>X</u>		7. Legitimate? <u>yes</u>		8. Date of birth <u>Sept 21, 1936</u> (Month, Day, Year)	
9. Full name of FATHER <u>Roy Lovel Byington</u>			18. Full maiden name of MOTHER <u>Florence Wanda Housley</u>		
10. Residence (usual place of abode) <u>Lava H. S.</u> (If non-resident, give place and State)			19. Residence (usual place of abode) <u>Lava H. S.</u> (If non-resident, give place and State)		
11. Color or race <u>W</u>			20. Color or race <u>W</u>		
12. Age at last birthday <u>44</u> (years)			21. Age at last birthday <u>36</u> (years)		
13. Birthplace (city or place) <u>Menan Idaho</u> (State or Country)			22. Birthplace (city or place) <u>Hiwassee Utah</u> (State or Country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
16. Date (month and year) last engaged in this work <u>Now</u>			17. Total time (years) spent in this work <u>15</u>		
18. Date (month and year) last engaged in this work <u>Now</u>			19. Total time (years) spent in this work <u>12</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
28. Number of children of this mother <u>10</u> (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead _____ (c) Stillborn <u>5</u>					
29. If stillborn, period of gestation <u>8 mo.</u> { months or weeks					
30. Cause of Stillbirth <u>Hemorrhage</u> { During labor _____ Before labor <u>Hemorrhage</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>1:30 P.</u> in on the date above stated. (Born alive or Stillborn)					
(Signed) <u>B. A. Rich</u> _____, M. D.					
or _____, Midwife					
Address <u>Lava Hot Springs, Idaho</u>					
Filed <u>Oct- 3-</u> _____, 193 <u>6</u> <u>Mrs. G. J. F. J.</u> Registrar.					



CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Bannock
City of LavaRegistration District No. 84Primary Registration District No. 2161(No. Byington St.)File No. 100333Registered No. 35

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME
Wanda Byington

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

6. DATE OF BIRTH

Sept 21 1936
(Month) (Day) (Year)

7. AGE

Yrs. Mos. ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

None

9. BIRTHPLACE

(State or Country)

Lava Hot Springs Idaho

10. NAME OF FATHER

Roy Lovel Byington

11. BIRTHPLACE OF FATHER

(State or Country)

Menan Idaho

12. MAIDEN NAME OF MOTHER

Florence Wanda Housley

13. BIRTHPLACE OF MOTHER

(State or Country)

Hiram Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Roy Byington copy. B
Lava Hot Springs15. Filed Oct-3- 1936Mrs. J. G. Fitz
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 21 1936
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

on Sept 21, 1936that I last saw her live on Sept 21, 1936and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH was as follows:

Placenta Previa with Hemorrhage

(Duration) Yrs. mos. ds.

Contributory (Secondary)

None known

(Duration) Yrs. mos. ds.

(Signed)

C. A. Rich

M. D.

9-21-36 (Address) Lava Hot Springs

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death Yrs. mos. days. In the State Yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Lava9-21, 1936

20. UNDERTAKER

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

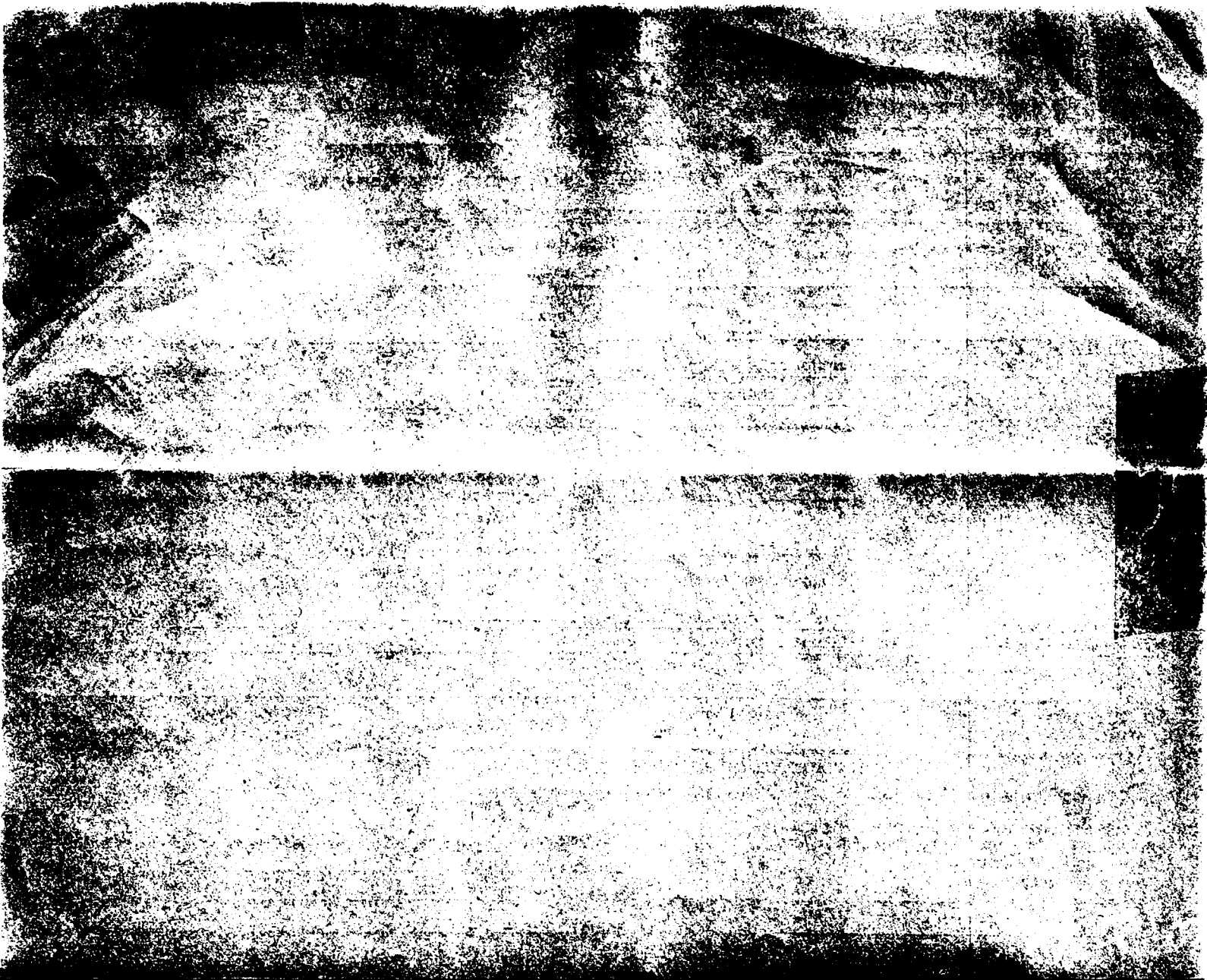
STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		OCT 8 1936		RECEIVED		STATE OF IDAHO		S		
County of <u>Cannock</u>		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		246748		
City of <u>Lava Hot Springs</u>		No. <u>Rich Hospital</u> St.		Registration District No. <u>84</u>		State File No. _____				
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2161</u>		Local Registrar's No. <u>99</u>						
2. FULL NAME OF CHILD <u>(Stillbirth)</u>		<u>Lockyer</u>								
3. Sex <u>Male</u>	4. Twin, triplet, or other <u>births</u>	5. Number, in order of birth _____	6. Premature <u>X</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Sept 21 1936</u>	(Month, Day, Year)				
9. Full name <u>William Theodore Lockyer</u>		FATHER		18. Full maiden name <u>Ada Virginia Jamison</u>		MOTHER				
10. Residence (usual place of abode) <u>Lava Hot Springs</u>		(If non-resident, give place and State)		19. Residence (usual place of abode) <u>Lava Hot Springs</u>		(If non-resident, give place and State)				
11. Color or race <u>W</u>		12. Age at last birthday <u>27</u> (years)		20. Color or race <u>White</u>		21. Age at last birthday <u>21</u> (years)				
13. Birthplace (city or place) <u>Basalt</u>		(State or Country) <u>Idaho</u>		22. Birthplace (city or place) <u>Basalt</u>		(State or Country) <u>Idaho</u>				
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School teacher</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>		25. Date (month and year) last engaged in this work <u>Now</u>		26. Total time (years) spent in this work <u>1</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Teaching</u>		16. Date (month and year) last engaged in this work <u>Now</u>		17. Total time (years) spent in this work <u>Just began</u>		18. Date (month and year) last engaged in this work <u>Now</u>		19. Total time (years) spent in this work <u>1</u>	
	27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>		28. Number of children of this mother / (At time of this birth and including this child) <u>1</u>		(a) Born alive and now living <u>0</u>		(b) Born alive but now dead <u>0</u>		(c) Stillborn <u>1</u>	
29. If stillborn, period of gestation _____		{ months or weeks		30. Cause of Stillbirth <u>Unknown</u>		{ During labor. Before labor. <u>Reproductive</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE										
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>4:30 P</u> m: on the date above stated.										
(Born Alive or Stillborn)										
(Signed) <u>C. A. Rich</u> , M. D.										
or _____, Midwife										
Address <u>Lava Hot Springs, Idaho</u>										
Filed <u>Oct- 3- 1936</u> , 193 <u>Mrs. J. J. Fitt</u>										
Registrar.										



FORM V. S. No. 5-25 M.

OCT 8 1936

RECEIVED

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of

City of

If death occurs away from usual residence, give facts called for under special information.

Registration District No.

84

Primary Registration District No.

2161

St.)

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No.

100334

Registered No.

34

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Stillbirth

Lockyer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

6. DATE OF BIRTH

7. AGE

IF LESS than 1 day
how many... hrs.
or... min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER

(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed Oct- 3- 1936

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept.

(Month)

21.

(Day)

1936

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

on Sept. 21, 1936

that I last saw him alive on Sept. 21, 1936

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows: before birth.

Stillborn

Cause unknown

(Duration) Yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed)

C. A. Rich

M. D.

9-21-36 (Address) Lava Hot Springs

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Lava Hot Springs,

DATE OF BURIAL

19

20. UNDERTAKER

Had none.

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

S

SEP 24 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

246758

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Blaine
City of Bozelle
No. 21 St. homeRegistration District No. 28 State File No. _____(If born in hospital or institution give name.) Prim. Registration District No. 2161 Local Registrar's No. 16412. FULL NAME OF CHILD Infant Lewis (twin)3. Sex male If plural births { 4. Twin, triplet, or other twin 6. Premature yes 7. Legitimate? yes 8. Date of birth 8/16 1936
(Month, Day, Year)9. Full name FATHER Henry Leo Lewis 18. Full maiden name MOTHER Laurel Bell Adams10. Residence (usual place of abode) (If non-resident, give place and State) Art I 19. Residence (usual place of abode) (If non-resident, give place and State) Art I11. Color or race wh 12. Age at last birthday 44 (years) 20. Color or race wh 21. Age at last birthday 40 (years)13. Birthplace (city or place) (State or Country) Oxford, Ida 22. Birthplace (city or place) (State or Country) Bozelle, Ida14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home16. Date (month and year) last engaged in this work This date 19 19 17. Total time (years) spent in this work Many 25. Date (month and year) last engaged in this work This date 19 19 26. Total time (years) spent in this work Many27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Agnes28. Number of children of this mother (At time of this birth and including this child) 12
(a) Born alive and now living 11 (b) Born alive but now dead 1 (c) Stillborn 129. If stillborn, period of gestation 7 mo { months or weeks 30. Cause of Stillbirth { During labor Premature
Before labor Amniotic fluid

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 8-16-36 at 8:00 a.m. on the date above stated.
(Born live or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) William F. Howard D. Midwife

Address _____

Filed 9-22 1936 W. F. Howard Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1990年12月25日

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100305

SEP 14 1936 RECEIVED

Registration District No. 78

Primary Registration District No. 7161

Local Registrar's No. 756

(No. 78 Residence 7161)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Lewis (Twin)

(a) Residence. No. Tyhee, Idaho. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 16, 1936.

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tyhee,
(State or country) Idaho.

13. NAME Henry L. Lewis

14. BIRTHPLACE (city or town) Oxford,
(State or country) Idaho.

15. MAIDEN NAME Laura Bell Adams

16. BIRTHPLACE (city or town) Riverdale,
(State or country) Idaho.

17. INFORMANT Henry L. Lewis
(Address) Tyhee, Idaho.

18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Idaho. Date Aug. 17, 1936.

19. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.

20. FILED Aug. 17, 1936. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 16, 1936

22. I HEREBY CERTIFY That I attended deceased from Aug 16, 1936 to same, 1936

I last saw him alive on Aug 16, 1936; death is said to have occurred on the date stated above, at Birth. The principal cause of death and related causes of importance were as follows: Still born, premature Date of onset Aug 16

Other contributory causes of importance:

Name of operation Still born Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William E. Howard M. D.
(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

246759

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

SEP 24 1936 RECEIVED

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. RT I St. home
Registration District No. 28 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2166 Local Registrar's No. 1642

2. FULL NAME OF CHILD Infant Lewis (twin) J. born

3. Sex male If plural births { 4. Twin, triplet, or other twin 6. Premature yes 7. Legitimate? yes 8. Date of birth 8/16/1936 (Month, Day, Year)

5. Number, in order of birth 2 Full term _____

9. Full name FATHER Henry L. Lewis 18. Full maiden name MOTHER Lauren Bell Adams

10. Residence (usual place of abode) (If non-resident, give place and State) RT I 19. Residence (usual place of abode) (If non-resident, give place and State) RT I

11. Color or race wh 12. Age at last birthday 44 (years) 20. Color or race wh 21. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Opford, Ida 22. Birthplace (city or place) (State or Country) Overdale, Ida

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farm

16. Date (month and year) last engaged in this work This date 17. Total time (years) spent in this work Many 25. Date (month and year) last engaged in this work This date 26. Total time (years) spent in this work Many

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% AgNO₃

28. Number of children of this mother (At time of this birth and including this child) 13
(a) Born alive and now living 11 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation 7 mo. { months or weeks 30. Cause of Stillbirth { During labor Premature Before labor Give Physical

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 8/16/36 at 12:20 a m. on the date above stated.(Born Alive or Stillborn)(Signed) William F. Howard M. D.

or _____ Midwife

Address _____

Filed 9-22, 1936 D. C. Ray

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

82714

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 78Primary Registration District No. 7161(No. Residence)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Lewis (Twin)(a) Residence. No. Tyhee, Idaho. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug. 16, 1936

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Tyhee, Idaho.
(State or country)13. NAME Henry L. Lewis14. BIRTHPLACE (city or town) Oxford, Idaho.
(State or country)15. MAIDEN NAME Laura Bell Adams16. BIRTHPLACE (city or town) Riverdale, Idaho.
(State or country)17. INFORMANT Henry L. Lewis
(Address) Tyhee, Idaho.18. BURIAL, CREMATION OR REMOVAL
Place Pocatello, Idaho. Date Aug. 17, 193619. UNDERTAKER Hall Mortuary
(Address) Pocatello, Idaho.20. FILED Aug. 17, 1936
R. C. Ray
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 100306Local Registrar's No. 457
206

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 17, 193622. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1936 to Aug. 17, 1936I last saw him alive on Aug. 16, 1936; death is saidto have occurred on the date stated above, at 8:00 a. m.

The principal cause of death and related causes of importance were as follows:

Exhaustion
PrematureStillborn

Other contributory causes of importance:

Date of onset

Aug. 16Name of operation Clinical Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193...

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) William P. Howard, M. D.(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

1. PLACE OF BIRTH
 County of Bonneville **OCT 7 1936 RECEIVED** STATE OF IDAHO
 City of Idaho Falls DEPARTMENT OF PUBLIC WELFARE
 No. Memorial Drive St. L. D. Hospital **BUREAU OF VITAL STATISTICS**
 Registration District No. 73 State File No. _____
 (If born in hospital or institution give name.) Prim. Registration District No. 2150 Local Registrar's No. 507

2. FULL NAME OF CHILD Stillborn Sauer

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
 mate? yes 8. Date of birth 9-1- 1936
 (Month, Day, Year)

9. Full name FATHER John J. Sauer 18. Full maiden name MOTHER Nellie K. Staker
 10. Residence (usual place of abode) Idaho Falls, Idaho 19. Residence (usual place of abode) Idaho Falls, Idaho
 (If non-resident, give place and State) 20. Color or race white 21. Age at last birthday 33 (years)
 11. Color or race white 12. Age at last birthday 33 (years)
 13. Birthplace (city or place) Idaho 22. Birthplace (city or place) Idaho
 (State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work Life 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 9 mo. { months or weeks 30. Cause of stillbirth _____ { Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:28 Pm. on the date above stated.
 (Born Alive or Stillborn)

(Signed) R. M. H. Willson, M. D.

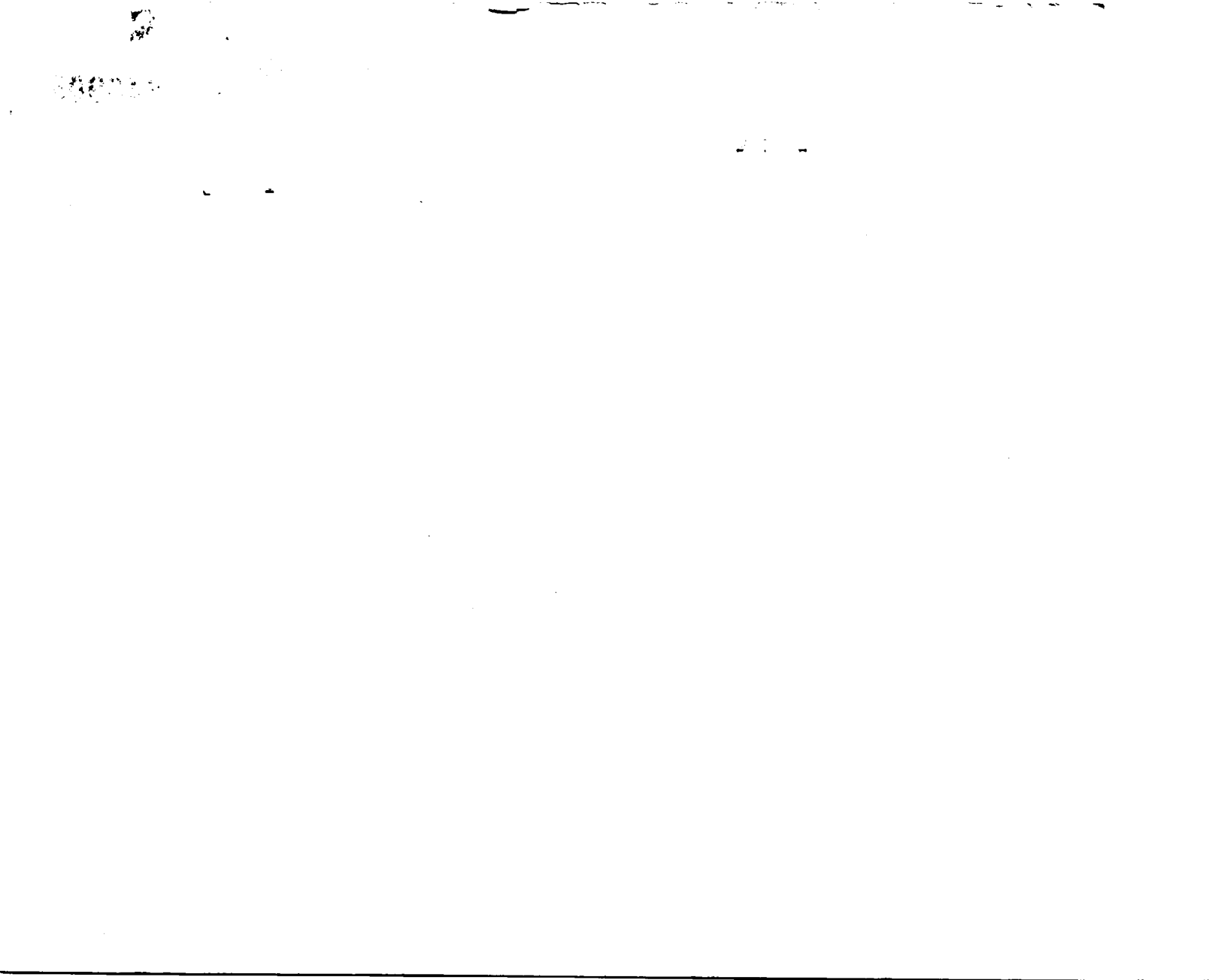
or _____, Midwife

Address Idaho Falls, Idaho

Filed Sept. 1, 1936 By W. M. Kinsaid

Registrar.

R. M. H. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County of Bonnewille
City of Idaho Falls

DO NOT WRITE IN THIS SPACE
100386
State File No.....

1936 RECEIVED

Registration District No. 73
Primary Registration District No. 218-D

Local Registrar's No. 122

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed or Divorced (write the word) Married
----------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
--------	-------	--------	------	---

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Los Angeles
(State or country) Calif.

13. NAME John J. Lister

14. BIRTHPLACE (city or town) Frank
(State or country) Idaho

15. MAIDEN NAME *Wendell Hester*

16. BIRTHPLACE (city or town) Wichita
(State or country) Kansas

17. INFORMANT John J. Sawyer
(Address) 1212 1/2 N. 1st St. S.

18. BURIAL, CREMATION OR REMOVAL
Place Grant, Idaho Date Sept 1, 1931

19. UNDERTAKER
(Address) 12th St. Bldg. RM 1

20. FILED Sept 1, 1932 Wm H. H. H.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/1 1936

22. I HEREBY CERTIFY,, That I attended deceased from

..... 9/1, 1936, to 9/1, 1936, 1936

I last saw him alive on March 193: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows:

Stillborn

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193...

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify NA

(Signed) N. D. W. Wilson, M. D.
(Address) Idaho Falls, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g. heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

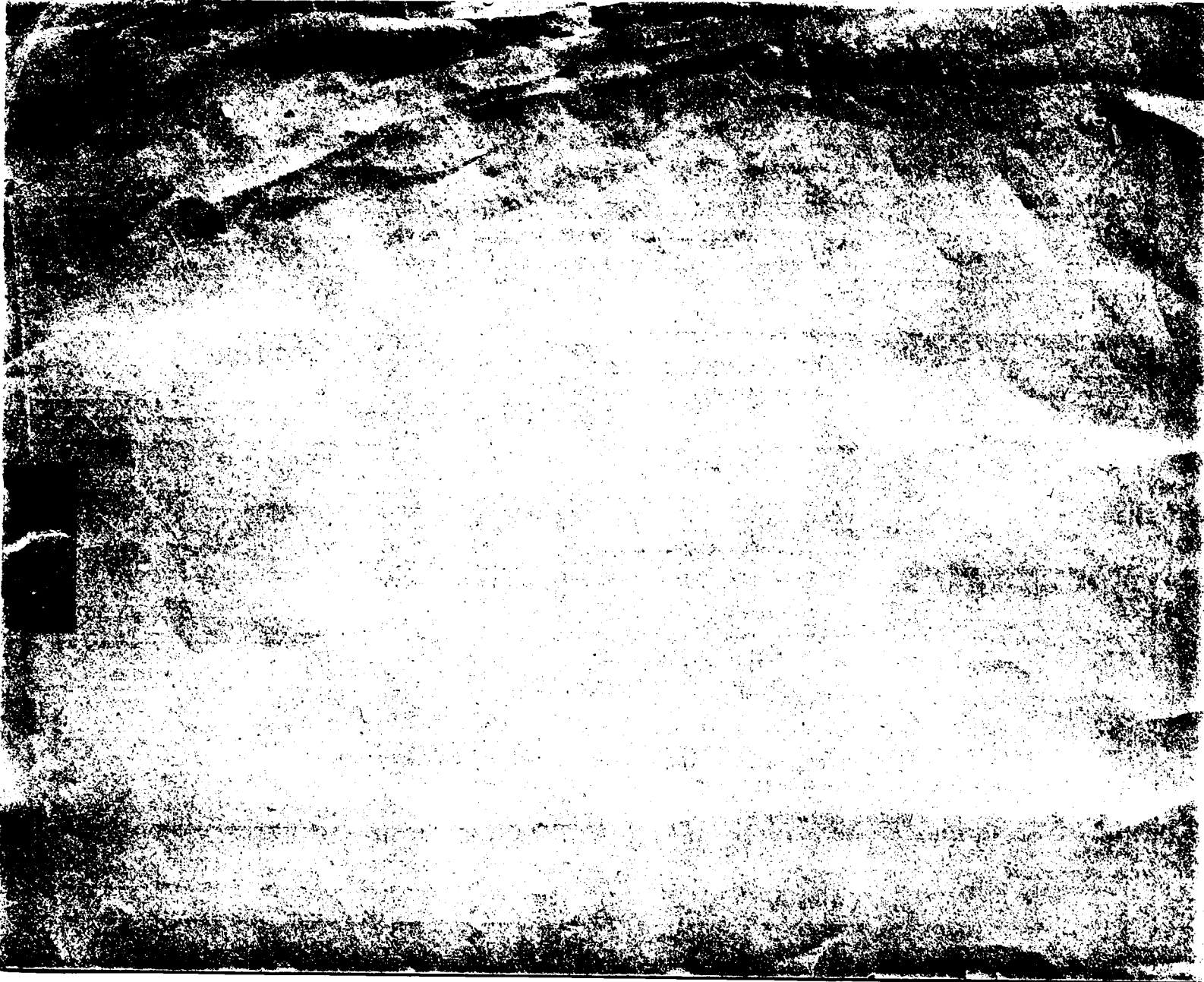
Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Register:



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Banner
City of Fort Sam

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99584

AUG 3 1936 RECEIVED

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 122

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Beverly

(a) Residence. No. Rt 4 Fort Sam St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 5 - 1936

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
Born Dead

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rt 4 Fort Sam
(State or country) Idaho

13. NAME Robert L. Byerley

14. BIRTHPLACE (city or town) Moscow
(State or country)

15. MAIDEN NAME Eva Stiles

16. BIRTHPLACE (city or town) Oklahoma
(State or country)

17. INFORMANT Robert L. Byerley
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rose Hill Date 7/6/36 1936

19. UNDERTAKER Hays Mayfield
(Address) Idaho Falls, Ida.

20. FILED July 6, 1936 Wm. Kinnaird
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-5-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-2-1936 to 7-5-1936

I last saw him alive on 7-5-1936; death is said to have occurred on the date stated above, at 7-5-1936 m.

The principal cause of death and related causes of importance were as follows:

Premature - Stillborn Date of onset

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. C. Lawrence, Esq. M. D.

(Address) Idaho Falls, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

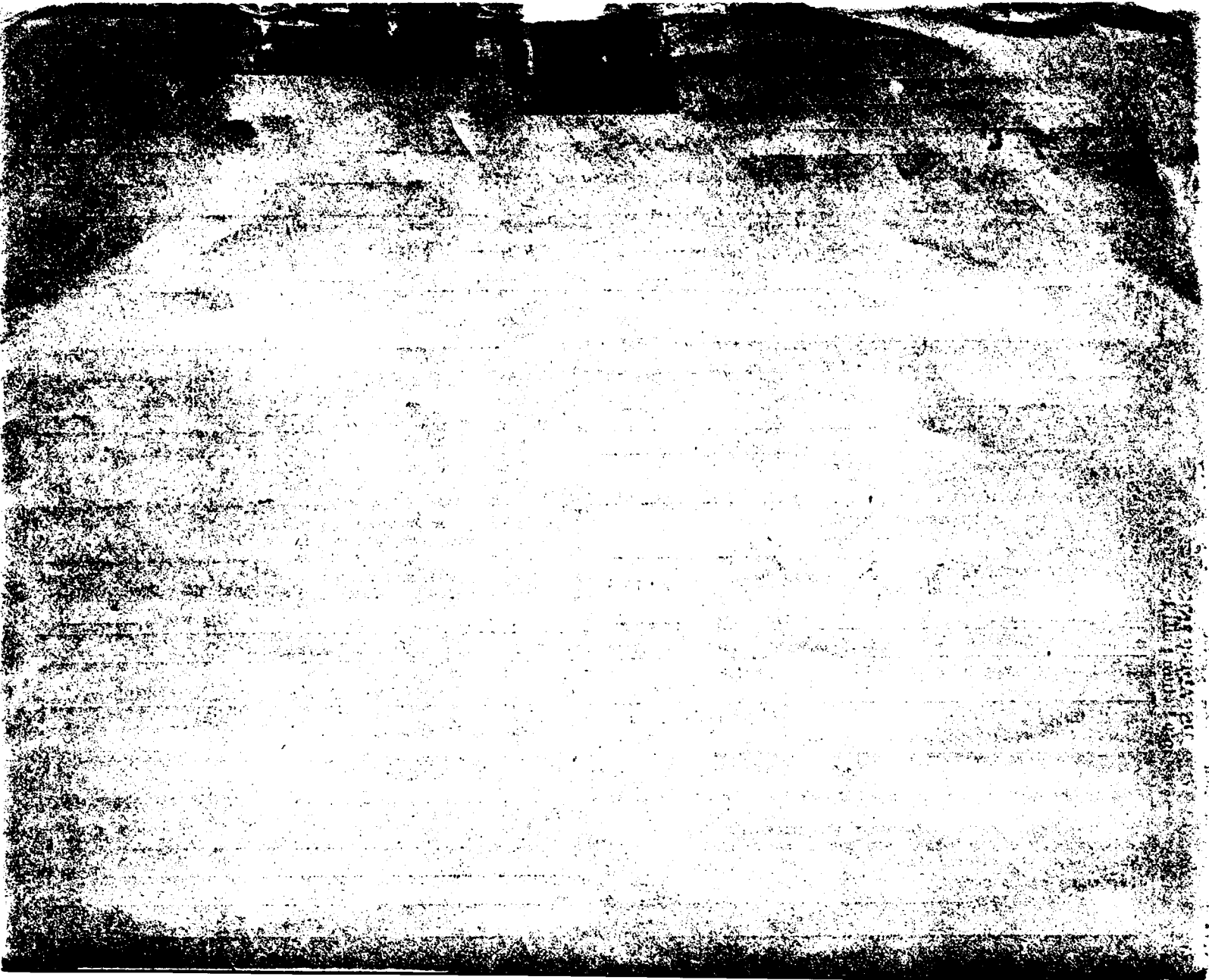
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bonneville</u> City of <u>Idaho Falls, Idaho.</u> No. <u>Memorial Drive St.</u>		OCT 7 1936 RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 246925		S
(If born in hospital or institution give name.)		Registration District No. <u>13</u> State File No. _____		
2. FULL NAME OF CHILD <u>Stillborn</u> <u>Poulsen</u>		Prim. Registration District No. <u>214-0</u> Local Registrar's No. <u>522</u>		
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Sept 15, 1936</u> (Month, Day, Year)
9. Full name <u>FLOYD HENRY BOAL POULSEN</u>	FATHER 10. Residence (usual place of abode) (If non-resident, give place and State) <u>Louisville, Idaho</u>		MOTHER 11. Full maiden name <u>CARMEN MAY STEPHENS</u>	
12. Color or race <u>White</u>	13. Age at last birthday <u>33</u> (years)	14. Birthplace (city or place) (State or Country) <u>Idaho</u>	15. Color or race <u>White</u>	16. Age at last birthday <u>28</u> (years)
17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	18. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own Farm</u>	19. Date (month and year) last engaged in this work <u>Sept, 1936</u>	20. Total time (years) spent in this work <u>Life</u>	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	23. Date (month and year) last engaged in this work _____	24. Total time (years) spent in this work _____	25. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	26. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>	28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>	29. If stillborn, period of gestation { months _____ or weeks _____	30. Cause of stillbirth { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>7:15 PM</u> on the date above stated. (Born alive or Stillborn)	
(Signed) <u>Wm. O. McIlwain</u> , M. D.	
or _____, Midwife	
Address <u>Idaho Falls, Idaho</u>	
Filed <u>Sept 16</u> , 1936 <u>Continued</u>	
Regist. _____	

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Regist. _____



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Bonneville

City of Idaho Falls

CERTIFICATE OF DEATH

State File No. 100397

OCT 7 1936 RECEIVED

Registration District No. 73

Primary Registration District No. 2147

Local Registrar's No. 182

(No. S.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth

(a) Residence. No. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Girl 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 15 - 1936

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. Stillbirth 8 Mo.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Flora Henry Paulsen 14. BIRTHPLACE (city or town) (State or country) Idaho Falls

15. MAIDEN NAME Carmen May Stephens

16. BIRTHPLACE (city or town) (State or country) Ogden Utah

17. INFORMANT Mrs. H. L. Paulsen (Address) Idaho Falls

18. BURIAL, CREMATION, OR REMOVAL Place Idaho Falls Date Sept 17, 1936

19. UNDERTAKER name (Address)

20. FILED Sept 16, 1936 Registrar G. J. Cunningham

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193 Sept. 15

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 193 1936 to 1936

I last saw h. alive on, 193.... death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance, were as follows:

still birth

Date of onset

Other contributory causes of importance: Thyroiditis, coinfection, prematurity

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John O. Keller (Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		OCT 7 1936 RECEIVED		BUREAU OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		246978	
County of <u>Bayonneville</u>		Registration District No. <u>73</u>		State File No. _____			
City of <u>Idaho Falls</u>		Prim. Registration District No. <u>2150</u>		Local Registrar's No. <u>522</u>			
No. <u>Memorial Drive, St. L. & N. Hospital</u>							
(If born in hospital or institution give name)							
2. FULL NAME OF CHILD <u>Stillborn Harper</u>							
3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature <u>Stagn.</u>	Legitimate? <u>yes</u>	7. Date of birth <u>9-26-1936</u> (Month, Day, Year)	
9. Full name FATHER <u>Harold James Harper</u>				18. Full maiden name MOTHER <u>Virginia Ann Zook</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot Idaho</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot Idaho</u>			
11. Color or race <u>White</u>		12. Age at last birthday <u>22</u> (years)		20. Color or race <u>White</u>		21. Age at last birthday <u>22</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>				22. Birthplace (city or place) (State or Country) <u>Idaho</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mechanic</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
	15. Industry or business in which work was done, as saw mill, sawmill, bank, etc. <u>Blackfoot Lumber Co.</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
	16. Date (month and year) last engaged in this work <u>Sept 1936</u>				25. Date (month and year) last engaged in this work <u>Sept 1936</u>		
17. Total time (years) spent in this work <u>6</u>				26. Total time (years) spent in this work <u>1 yr.</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>							
28. Number of children of this mother (At time of this birth and including this child)				29. If stillborn, period of gestation { months or weeks			
(a) Born alive and now living <u>2</u>				(b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
30. Cause of stillbirth { Before labor. During labor.							

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

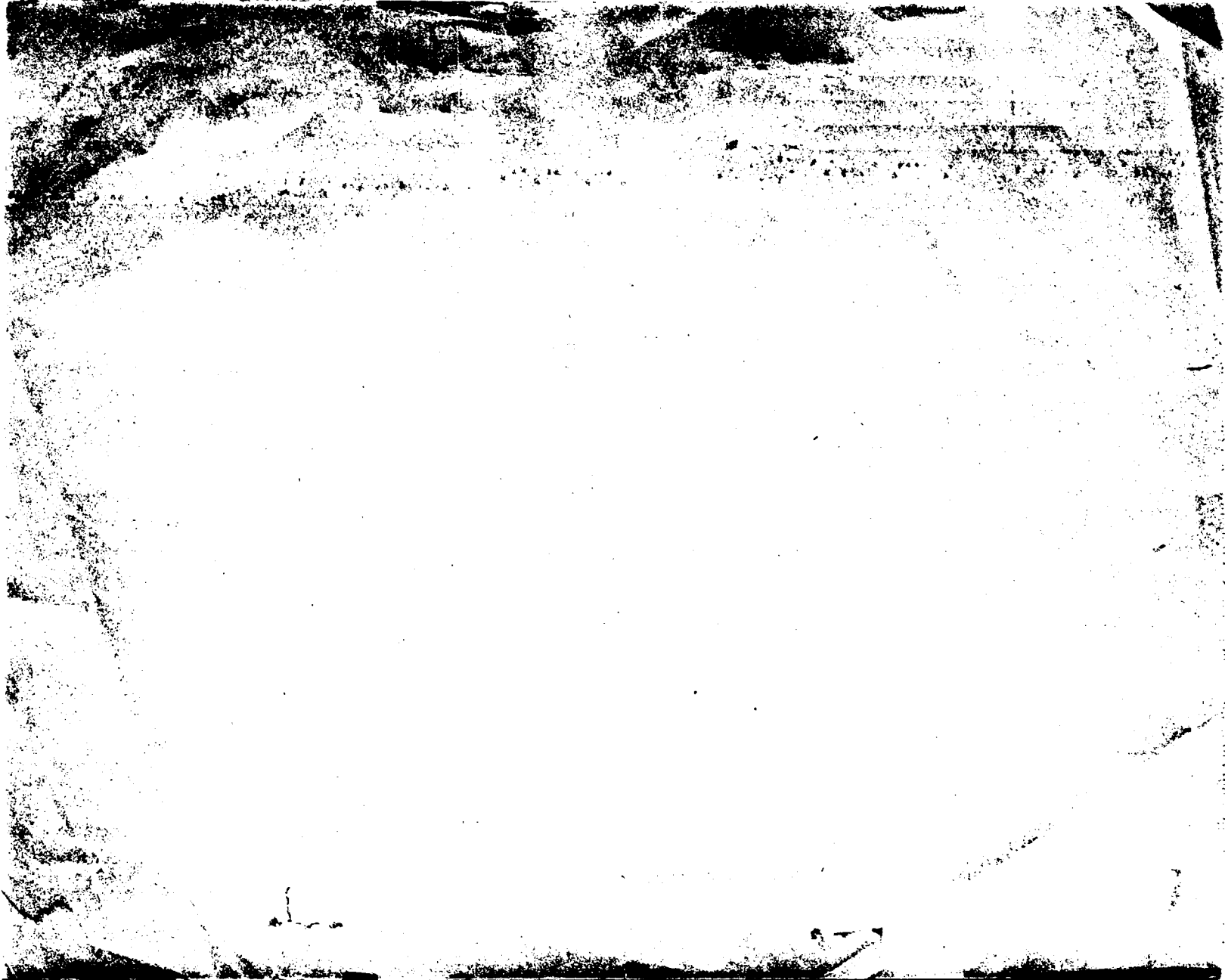
I hereby certify that I attended the birth of this child, who was Stillborn at 4:40 PM on the date above stated.
(Born Alive or Stillborn) Stillborn at 5 months

(Signed) W. E. H. Harts, M. D.
or _____, Midwife

Address Idaho Falls, Idaho

Filed Sept 30, 1936 W. E. H. Harts
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report. _____
(Date of) _____
Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of *Bonanza*
City of *Idaho Falls*

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **101247**

Registration District No. *13*

Primary Registration District No. *2145*

Local Registrar's No. *226*

DEC 7 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Stillborn - Jasper*

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed or Divorced (write the word) _____

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
Premature fetus Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Idaho Falls, Idaho*

13. NAME *Harold Elmer Jasper*

14. BIRTHPLACE (city or town) (State or country) *Idaho Falls, Idaho*

15. MAIDEN NAME *Virginia Ann Zook*

16. BIRTHPLACE (city or town) (State or country) *Blackfoot, Idaho*

17. INFORMANT (Address) *Harold Jasper, Blackfoot, Idaho*

18. BURIAL, CREMATION OR REMOVAL Place *Idaho Falls, Idaho* Date *Sept 6, 1936*

19. UNDERTAKER (Address) *Idaho Falls, Idaho*

20. FILED *Idaho Falls, Idaho* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *Sept 6, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 28, 1936* to *Sept 28, 1936*

I last saw *Stillborn fetus* death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) *H. P. ...*

(Address) *Idaho Falls, Idaho*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastrenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Burton
City of Arco
No. Egbert Street

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **247010**

Registration District No. 59 State File No. 46

(If born in hospital or institution give name.) MARY L. Thornton Prim. Registration District No. 2129 Local Registrar's No. 46

2. FULL NAME OF CHILD Thomas J. Thornton still born

3. Sex <u>Female</u>	4. Twin, triplet, or other.....	6. Premature.....	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Sept 14, 1936</u> (Month, Day, Year)
5. Number, in order of birth.....				

9. Full name FATHER Thomas J. Thornton

10. Residence (usual place of abode) Arco
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 25 (years)

13. Birthplace (city or place) Salida City
(State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work

18. Full maiden name MOTHER Opal Stacy

19. Residence (usual place of abode) Arco
(If non-resident, give place and State)

20. Color or race W 21. Age at last birthday 24 (years)

22. Birthplace (city or place) Edgar, Neb.
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation full term months or weeks
30. Cause of stillbirth could twist around neck - tight Before labor Yes During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 7:30 a.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) J. P. Richards, M. D.

or _____, Midwife

Address Arco

Filed Sept 14, 1936 Mary E. Distish

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C.

February 1, 1954

MEMORANDUM

TO: THE ATTORNEY GENERAL

FROM: [illegible]

SUBJECT: [illegible]

[illegible text block]

[illegible text block]

[illegible text block]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **100412**

PLACE OF DEATH

County of Butte

City of Arco

CERTIFICATE OF DEATH

Registration District No. 59

Primary Registration District No. 2129

Local Registrar's No. 12

(No. Egbert Hospital)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Robertson Thornton (Still Born)
Mary L.

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept-14-1936

7. AGE Years Months Days If LESS than 1 day, hrs. or min. Still born

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Arco, Idaho (State or country)

10. NAME OF FATHER J. J. Thornton

11. BIRTHPLACE OF FATHER (city or town) Salt Lake City (State or Country) Utah

12. MAIDEN NAME OF MOTHER Opal Stacy

13. BIRTHPLACE OF MOTHER (city or town) Edgar, Neb. (State or Country)

14. Informant J. J. Thornton (Address) Arco - Idaho

15. Filed Sept. 14, 1936 Mary G. Dietrich Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept-14 1936 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Still Born

(duration) ____ yrs. ____ mos. ____ ds. CONTRIBUTORY Cord around neck - tight (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? J. P. Richard M. D.

(Signed) 9/14, 1936 (Address) Macxey Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Hillcrest - Arco, Idaho. Date of Burial Sept 14 1936

20. Undertaker none Address -

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

247084

OCT 10 1936 RECEIVED

1. PLACE OF BIRTH
County of Campan
City of Nampa
No. 901-1326 St. Nancy St. Registration District No. 7 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 1006 Local Registrar's No. 319

2. FULL NAME OF CHILD Rodger H. Wilson

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 10-5, 1936 (Month, Day, Year)

9. Full name FATHER Thos Melvin Wilson 18. Full maiden name MOTHER Paul W. Petersen

10. Residence (usual place of abode) Nampa 19. Residence (usual place of abode) Nampa
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 25 (years) 20. Color or race W 21. Age at last birthday 20 (years)

13. Birthplace (city or place) Idaho 22. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn yes

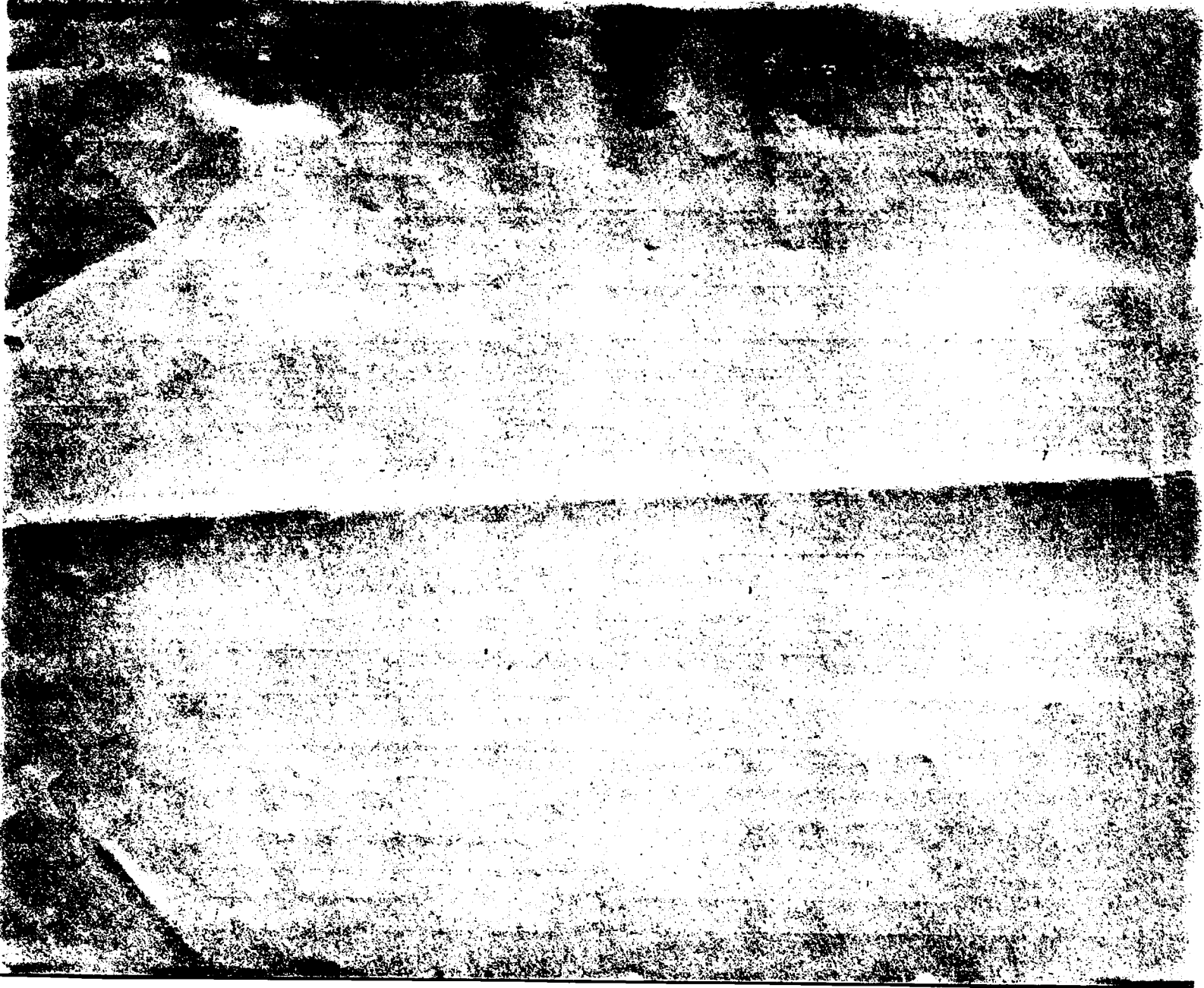
29. If stillborn, period of gestation 9th Mo. months or weeks _____ 30. Cause of Stillbirth _____ During labor. _____ Before labor. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) T. E. Deem, M. D.
or _____
Address Nampa, Idaho
Filed Oct 8, 1936 Syda Rodgers
Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Nampa

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100434
State File No. _____

OCT 10 1936 RECEIVED

Registration District No. 7
Primary Registration District No. 1006

Local Registrar's No. 151

(No. Merry Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Roger F. Wilson

(a) Residence. No. 901-12th Ave. So. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>October 5th 1936</u>		
7. AGE	Years	Months Days
		If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

13. NAME Fred Melvin Wilson

14. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

15. MAIDEN NAME Pearl W. Petersen

16. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

17. INFORMANT Fred M. Wilson
(Address) Nampa, Ida.

18. BURIAL, CREMATION OR REMOVAL Robertson
Place Nampa, Ida. Date 10-6, 1936

19. UNDERTAKER Mrs. Nina M. Talley
(Address) Nampa, Idaho

20. FILED Oct 7, 1936 Lyla Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-5 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-5-1936 to 10-5-1936

I last saw deceased alive on 10-5-1936; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Heart trouble

Other contributory causes of importance:

Mother had
toxaemia of pregnancy

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) V. J. Rodgers M. D.

(Address) Nampa, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		OCT 7 1936 RECEIVED		STATE OF IDAHO	
County of <u>Franklin</u>		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
City of <u>Preston</u>		CERTIFICATE OF BIRTH		247123	
No. _____ St.		Registration District No. <u>27</u>		State File No. _____	
General Memorial		Prim. Registration District No. <u>2119</u>		Local Registrar's No. <u>50</u>	
(If born in hospital or institution give name.)		Full term _____		mate? <u>Yes</u>	
2. FULL NAME OF CHILD		Baby <u>Spencer</u>		Date of birth <u>August 26, 1936</u> (Month, Day, Year)	
3. Sex <u>F</u>		If plural births {		4. Twin, triplet, or other _____	
5. Number, in order of birth _____		6. Premature <u>Yes</u>		7. Legiti-	
9. Full name		FATHER		18. Full maiden name	
10. Residence (usual place of abode)		MOTHER		19. Residence (usual place of abode)	
11. Color or race <u>W</u>		12. Age at last birthday <u>24</u> (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place)		21. Age at last birthday <u>22</u> (years)		22. Birthplace (city or place)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver Nitrate</u>	
18. Date (month and year) last engaged in this work		28. Number of children of this mother		29. If stillborn, period of gestation	
19. Date (month and year) last engaged in this work		29. If stillborn, period of gestation		30. Cause of Stillbirth	
20. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
21. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
22. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
23. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
24. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
25. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
26. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
27. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
28. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
29. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
30. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
31. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
32. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
33. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
34. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
35. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
36. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
37. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
38. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
39. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
40. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
41. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
42. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
43. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
44. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
45. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
46. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
47. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
48. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
49. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
50. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
51. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
52. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
53. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
54. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
55. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
56. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
57. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
58. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
59. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
60. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
61. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
62. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
63. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
64. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
65. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
66. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
67. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
68. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
69. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
70. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
71. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
72. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
73. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
74. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
75. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
76. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
77. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
78. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
79. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
80. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
81. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
82. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
83. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
84. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
85. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
86. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
87. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
88. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
89. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
90. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
91. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
92. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
93. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
94. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
95. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
96. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
97. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
98. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	
99. Date (month and year) last engaged in this work		30. Cause of Stillbirth		Before labor <u>over activity</u>	
100. Date (month and year) last engaged in this work		30. Cause of Stillbirth		During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

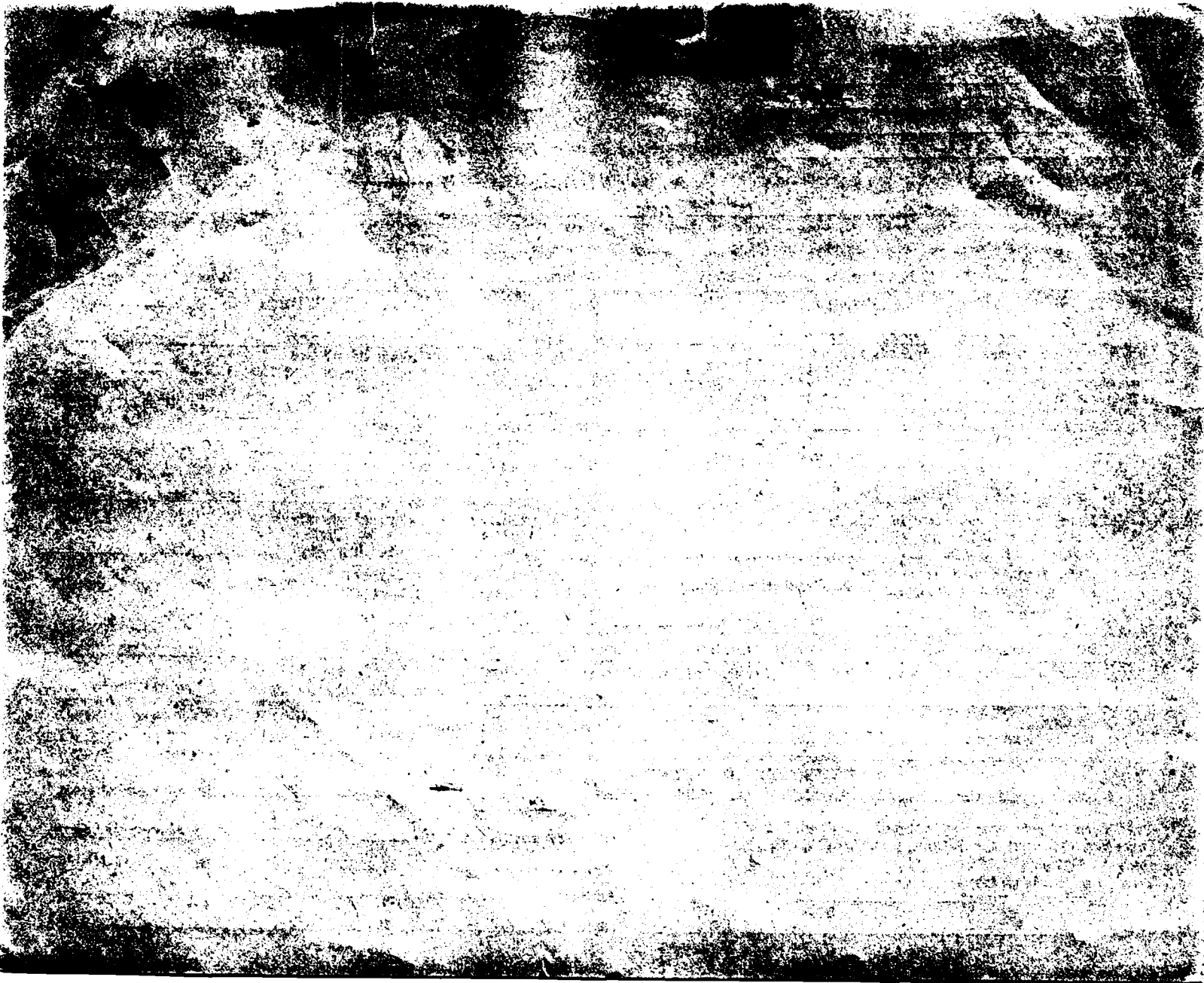
I hereby certify that I attended the birth of this child, who was _____ at _____ m on the date above stated.

(Signed) _____, M. D.

Address _____

Filed _____, 1936 _____

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 7 1936 RECEIVED

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSCounty of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119

DO NOT WRITE IN THIS SPACE

State File No. 100464

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Baby Spencer

(a) Residence. No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. Color or Race White	5. Single, Married, Widowed or Divorced (write the word) Single
--------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year)
August 26, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho13. NAME George Elwood Spencer14. BIRTHPLACE (city or town) Murray
(State or country) Utah15. MAIDEN NAME Anna Morrison16. BIRTHPLACE (city or town) Preston
(State or country) Idaho17. INFORMANT George Elwood Spencer
(Address)18. BURIAL, CREMATION OR REMOVAL
Place Preston Date Aug. 26 193619. UNDERTAKER
(Address)20. FILED Oct 3, 1936 G. W. Steele
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-26 193622. I HEREBY CERTIFY, That I attended deceased from Aug. 26 - 10 A.M. 1936 to Aug 26th - 5 P.M. 1936I last saw her alive on St. Albans 1936; death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:Over exertion due to long
200 miles trip by automobile

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? ... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury... 1936.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify(Signed) G. W. Steele D. D. Daines
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 3 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County Idaho
City of St Anthony
No. _____ St.

SEP 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

247162

Registration District No. 99 State File No. _____

Prim. Registration District No. 2177 Local Registrar's No. 872

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth Aug 7 1936
(Month, Day, Year)

9. Full name FATHER Chas. J. Collier 18. Full maiden name MOTHER Martha Connell

10. Residence (usual place of abode) St Anthony 19. Residence (usual place of abode) St Anthony
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 64 (years) 20. Color or race W. 21. Age at last birthday 44 (years)

13. Birthplace (city or place) Helena mont 22. Birthplace (city or place) ceder city nt.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Labourer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. H.W.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother (At time of this birth and including this child) 13
(a) Born alive and now living 10 (b) Born alive but now dead _____ (c) Stillborn 3

29. If stillborn, period of gestation 8 months or weeks 30. Cause of Stillbirth Placenta previa
{ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead at 12:15 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) R.R. Merrill, M. D.

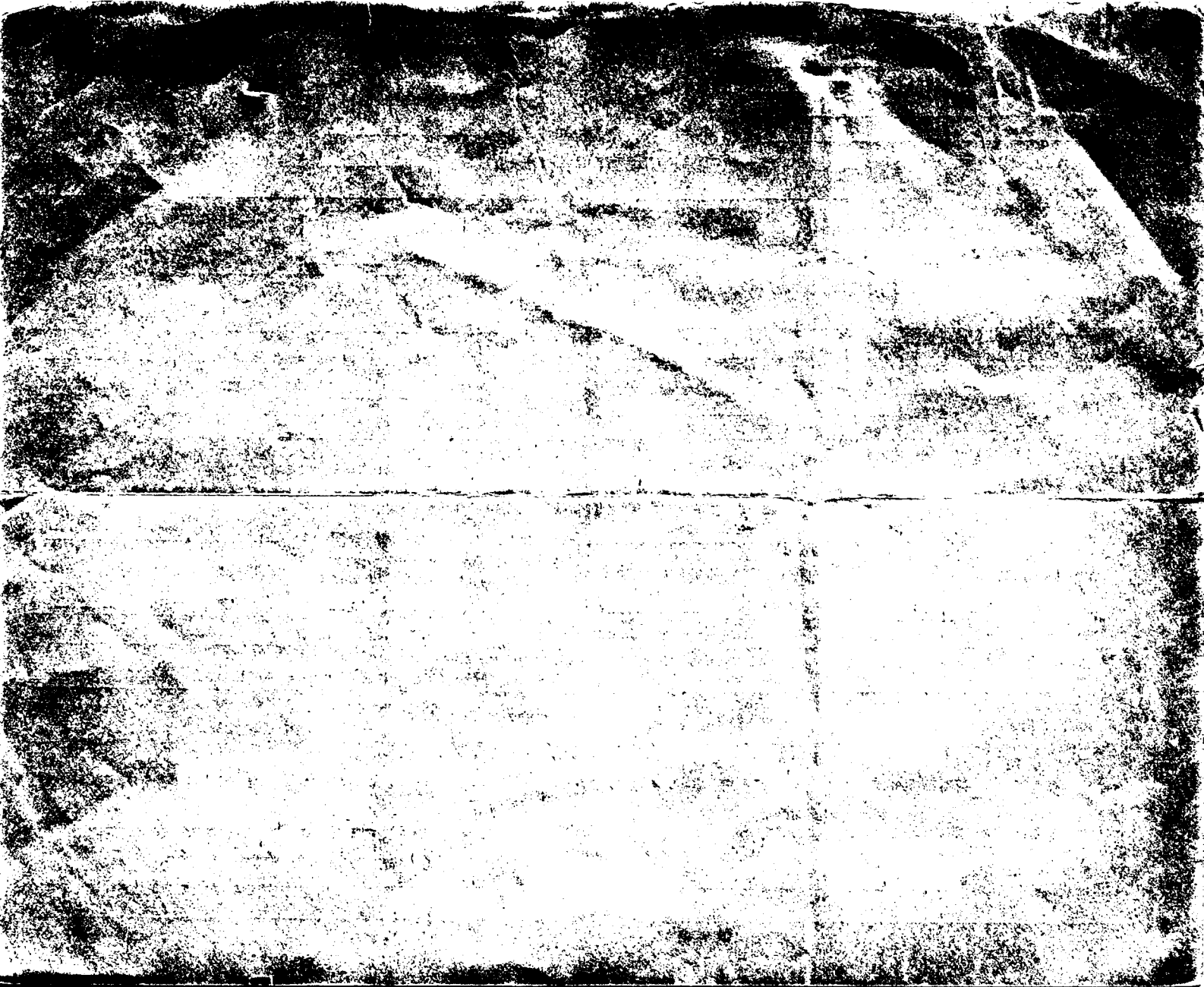
or _____, Midwife

Address St Anthony Ida.

Filed Sept. 9 1936 Sarah B Munk

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH OCT 12 1936
County of Jefferson
City of Peggy
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
747255

(If born in hospital or institution give name.)
Registration District No. 18 State File No. _____
Prim. Registration District No. 2176 Local Registrar's No. 125

2. FULL NAME OF CHILD. St. Louis

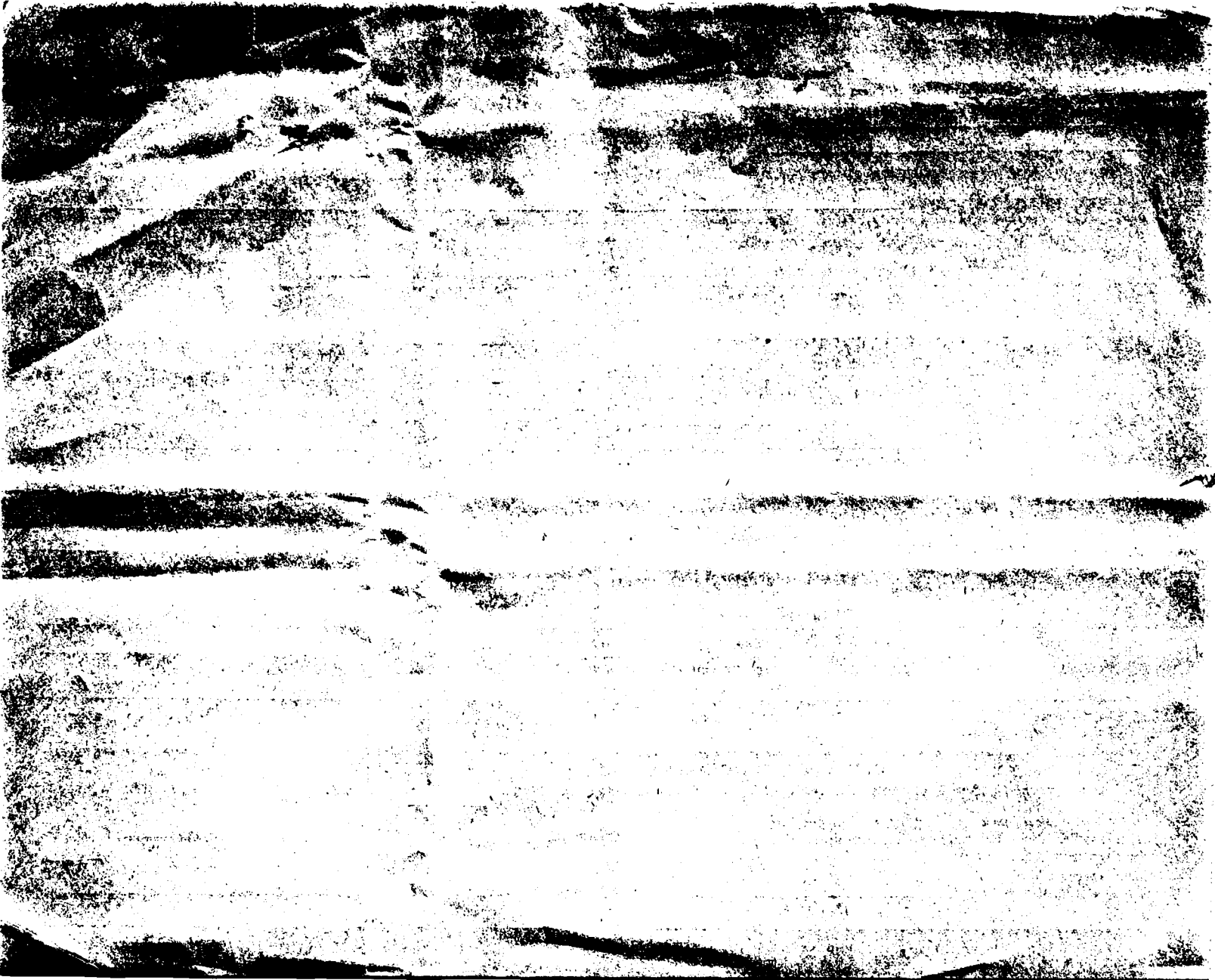
3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Aug. 10, 1936
5. Number, in order of birth _____ Full term ✓ (Month, Day, Year)

9. Full name of FATHER Laurence Owen Jones
10. Residence (usual place of abode) (If non-resident, give place and State) Peggy
11. Color or race White 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Idaho
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name of MOTHER Grace Cornelia Rhodes
19. Residence (usual place of abode) (If non-resident, give place and State) Peggy
20. Color or race White 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? resorcinol
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ✓ (b) Born alive but now dead ✓ (c) Stillborn ✓
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____
During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 4:30 m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Lorin St. Louis, M. D.
or _____, Midwife
Address Reburg Idaho
Filed OCT 10 1936, 193____ Registrar Chas. E. ...
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
Jefferson

County of _____

City of **Rigby**STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

98

Registration District No. _____

Primary Registration District No. **2176****Goody Maternity Home**

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Baby Jones**

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **White** 5. Single, Married, Widowed or Divorced (write the word) **Stillborn**5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year)
Aug. 10, 19367. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
StillbornOCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) **Rigby**
(State or country) **Idaho**13. NAME **Lawrence Jones**14. BIRTHPLACE (city or town) **Rigby**
(State or country) **Idaho**15. MAIDEN NAME **Grace Rhodes**16. BIRTHPLACE (city or town) **Rigby**
(State or country) **Idaho**17. INFORMANT **Lawrence Jones**
(Address) **Rigby, Idaho**18. BURIAL, CREMATION OR REMOVAL
Place **Rigby, Idaho** Date **Aug. 10, 1936**19. UNDERTAKER **None**
(Address)20. FILED **Aug. 10, 1936**
W. B. Eckersley
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. **100055**Local Registrar's No. **42**
206

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) **Aug 10, 1936**22. I HEREBY CERTIFY, That I attended deceased from
Aug 10, 1936, to **Aug 10, 1936**I last saw her alive on **Aug 10, 1936**; death is said to have occurred on the date stated above, at **10:30** a. m.
The principal cause of death and related causes of importance were as follows:**Congenital hydrocephalus**

Other contributory causes of importance:

Name of operation **none** Date of _____
What test conducted? _____ Was there an autopsy? **yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) **Wm. D. Rich**, M. D.
(Address) **Rexburg, Idaho**

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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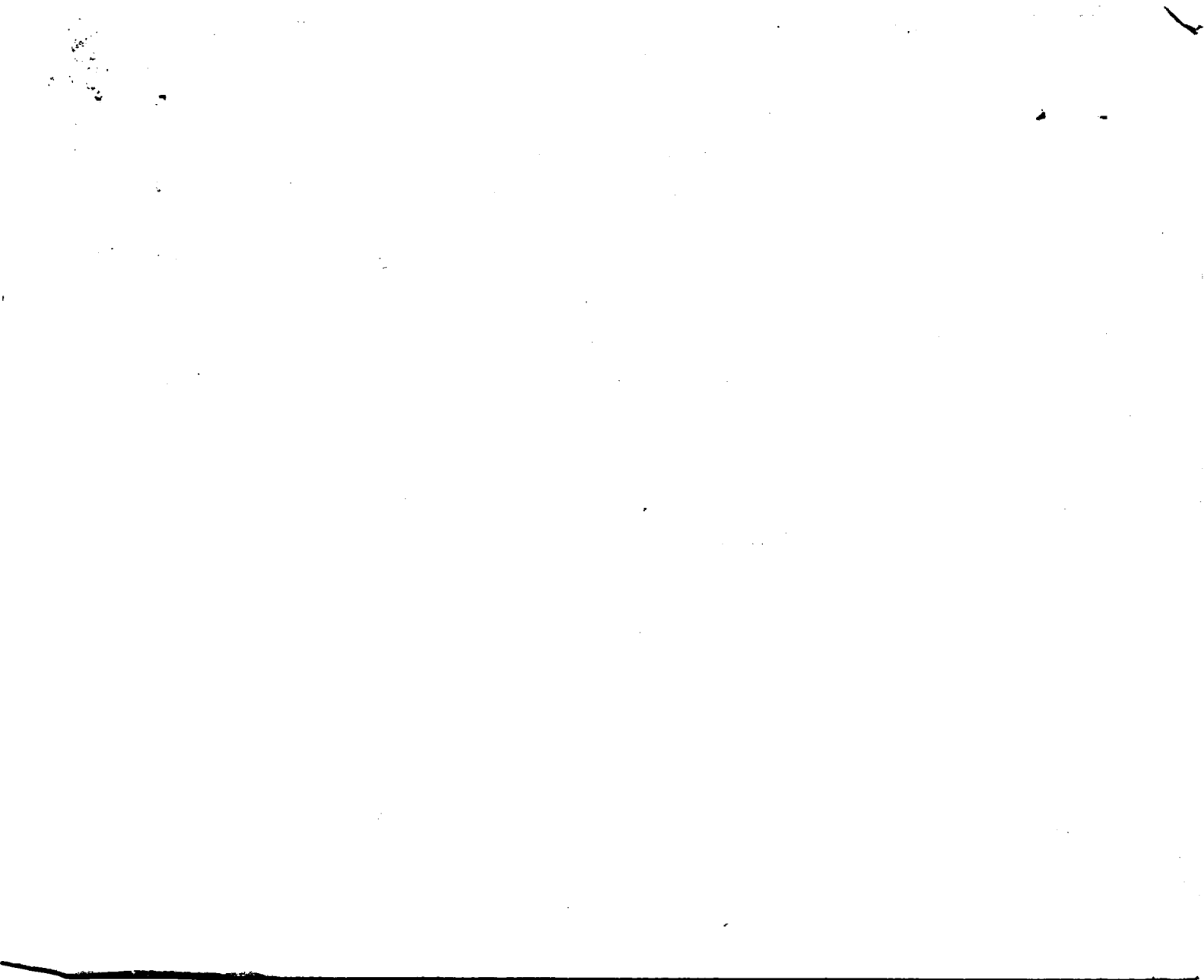
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Jerome, Idaho</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Jerome, Idaho</u>		BUREAU OF VITAL STATISTICS	
No. _____		CERTIFICATE OF BIRTH	
St. _____		Registration District No. _____ State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>18</u> Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Unnamed Crawford. Stillborn</u>			
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. _____	5. Number, in order of birth <u>4</u>
		6. Premature <u>3624</u>	7. Legitimate? <u>Yes</u>
		8. Date of birth <u>Aug. 1, 1936</u>	(Month, Day, Year)
9. Full name FATHER <u>Harrett James Crawford</u>		18. Full name MOTHER <u>Rose Sanchez</u>	
10. Residence (usual place of abode) <u>Jerome, Idaho</u>		19. Residence (usual place of abode) <u>Jerome, Idaho</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>White</u>		12. Age at last birthday <u>28</u> (years)	
13. Birthplace (city or place) <u>Farmville, Mo.</u>		20. Color or race <u>White</u>	
(State or Country)		21. Age at last birthday <u>23</u> (years)	
22. Birthplace (city or place) <u>Tres Piedres, N.M.</u>		(State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as <u>mechanic</u>		OCCUPATION
	15. Industry or business in which work was done, as <u>mechanic</u>		
	16. Date (month and year) last engaged in this work <u>Aug. 1, 1936</u>		
17. Total time (years) spent in this work <u>12 years</u>		23. Trade, profession, or particular kind of work done, as <u>Housekeeper</u>	
24. Industry or business in which work was done, as <u>Own home</u>		25. Date (month and year) last engaged in this work <u>Aug. 1, 1936</u>	
26. Total time (years) spent in this work <u>6 years</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>No</u>	
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>03</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>Nine months</u>		30. Cause of Stillbirth <u>Eclampsia Before labor.</u>	
months or weeks		During labor. <u>X</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>4:15</u> p.m. on the date above stated.			
(Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>St. Rees</u> , M. D.	
Give name added from a supplemental report _____		or _____, Midwife	
(Date of) _____		Address <u>Jerome, Idaho</u>	
Registrar. _____		Filed <u>Sept 1936</u> <u>C. F. Green</u> Registrar.	

N. C. O.



MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

99695

State File No.

147936 RECEIVED

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No.)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Unamed baby Crawford

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 1-31

7. AGE Years Months Days If LESS than 1 day... hrs. of min.
X X X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jerome (State or country) Idaho

13. NAME Ed Crawford

14. BIRTHPLACE (city or town) Maymandville (State or country) Mo

15. MAIDEN NAME Rose Sanchez

16. BIRTHPLACE (city or town) Atkinsville (State or country) West Texas

17. INFORMANT Ed Crawford (Address) Jerome

18. BURIAL, CREMATION OR REMOVAL Place at Home Date Aug 3 1936

19. UNDERTAKER O. A. Thern (Address) Jerome

20. FILED Aug 3 1936 C. F. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1936 to Aug 1 1936.

I last saw him alive on Stillborn death is said to have occurred on the date stated above, atm.

The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset Aug 1/36

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Physical findings Was there an autopsy? ..

23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury .. 1936.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Dr. E. R. Rees M. D.

(Address) Jerome Idaho

W. C. O.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Ran over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Kootenai</u> City of <u>Coeur d'Alene</u> No. <u>Route 2</u> St. <u>Coeur d'Alene, Idaho</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. <u>30</u> State File No. _____ Prim. Registration District No. <u>1050</u> Local Registrar's No. <u>80A</u>		OCT 7 1936 RECEIVED S 247301	
2. FULL NAME OF CHILD <u>Thomas Douglas Valente</u>					
3. Sex M.	If plural births {	4. Twin, triplet, or other <u>1</u>	5. Number, in order of birth <u>1</u>	6. Premature. _____	7. Legitimate, yes _____
				8. Date of birth <u>Aug. 27, 1936</u> (Month, Day, Year)	
9. Full name FATHER <u>John A. Valente</u>			10. Residence (usual place of abode) <u>Route #2</u> (If non-resident, give place and State)		
11. Color or race <u>W</u>			12. Age at last birthday <u>38</u> (years)		
13. Birthplace (city or place) <u>Mola, Italy</u> (State or country)			14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Foreman</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Mill</u>			16. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work <u>10 yrs</u>			18. Full maiden name MOTHER <u>Hazel Rose Elizabeth McNamara</u>		
19. Residence (usual place of abode) <u>Route #2</u> (If non-resident, give place and State)			20. Color or race <u>W</u>		
21. Age at last birthday <u>32</u> (years)			22. Birthplace (city or place) <u>East St. Louis, Illinois</u> (State or country)		
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		
25. Date (month and year) last engaged in this work _____			26. Total time (years) spent in this work <u>15 yrs</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>20% Nec Silvcl</u>					
28. Number of children of this mother (At time of this birth and including this child) <u>Six</u> (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation _____ months or weeks _____					
30. Cause of stillbirth _____ Before labor _____ During labor _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4:30 P. m. on the date above stated.
(Born Alive or Stillborn)

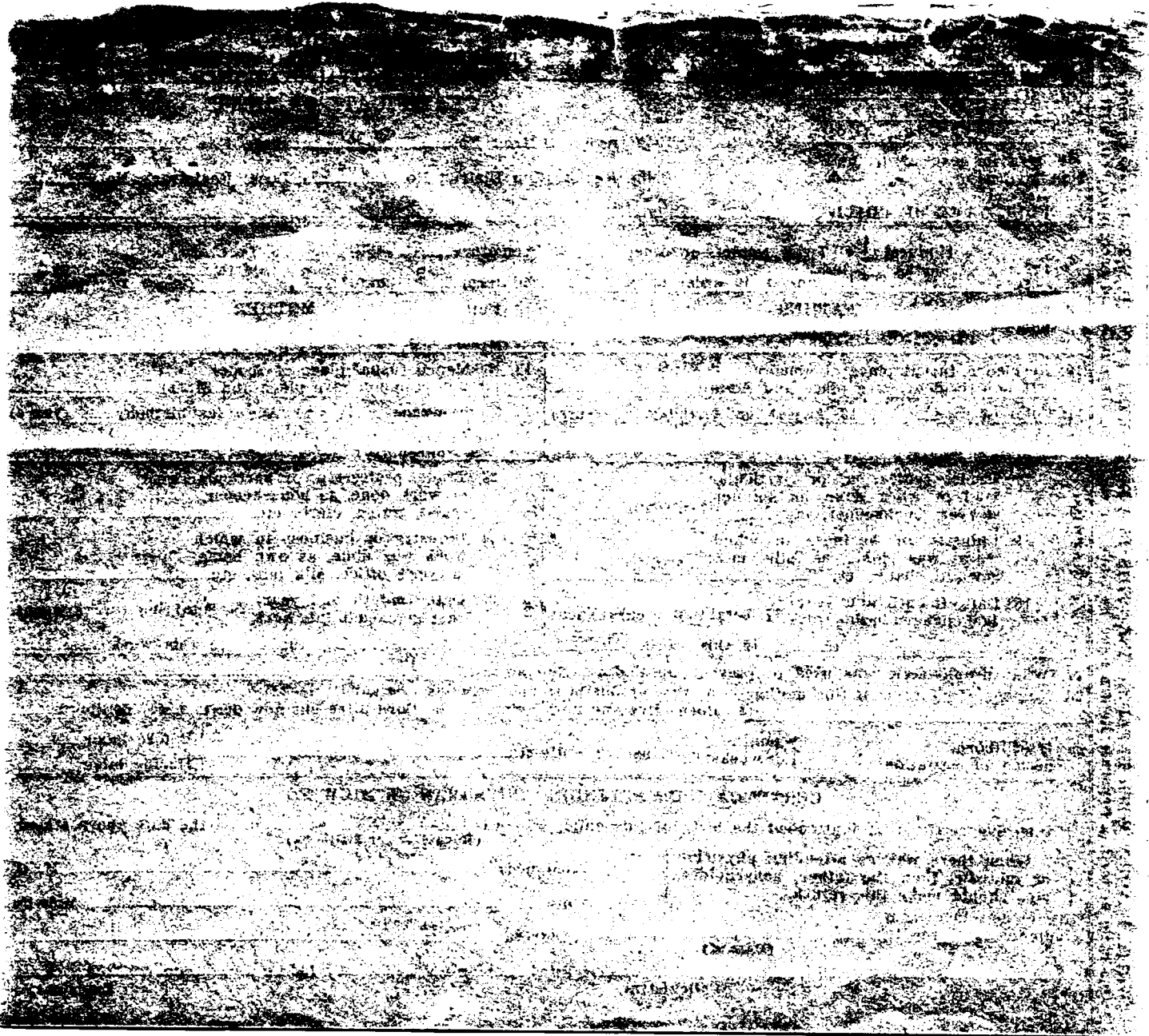
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report _____ (Date of) _____

(Signed) Wm. Spustad, M. D.
or _____, Midwife

Address Coeur d'Alene, Idaho

Filed Sept 30, 1936 7.7. Haring, M.D.
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai
City of Coalene

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
100064
State File No. _____

SEP 3 1936 RECEIVED

Registration District No. 30

Registration District No. 1050

Local Registrar's No. 157

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Thomas Louis Valente

(a) Residence. No. Walton Gardens St. _____
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed or Divorced. (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Aug 27 1936</u>		
7. AGE Years	Months	Days
		If LESS than 1 day _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (mo. and yr.) _____		
11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho

13. NAME John Valente

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Hazel McManis

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT John Valente
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place St. Thomas Cem. Date 1936

19. UNDERTAKER Cassidy Funeral
(Address)

20. FILED Aug 31, 1936 E. E. Spahn, Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to Aug 27, 1936

I last saw him alive on Aug 27, 1936; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still Born - Baby took
1 year but no pulse felt
or heart tones audible after
birth -

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193...

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) C. M. Spahn, Jr. M. D.

(Address) Coeur d'Alene, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		S
County of <u>Latah</u>		DEPARTMENT OF PUBLIC WELFARE		
City of <u>Moscow</u>		BUREAU OF VITAL STATISTICS		
No. <u>702</u> <u>of Main St.</u>		CERTIFICATE OF BIRTH		
(If born in hospital or institution give name.) <u>The Gitman Hospital</u>		Registration District No. <u>61</u>	State File No. <u>247354</u>	
		Prim. Registration District No. <u>1011</u>	Local Registrar's No. <u>276</u>	
2. FULL NAME OF CHILD <u>Stillborn - Shippelhouse</u>				
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>yes</u>
				7. Legitimate? <u>yes</u>
9. Full name FATHER <u>Henry C. Shippelhouse</u>		18. Full maiden name MOTHER <u>Evelyn E. Myatt</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>45</u> (years)		20. Color or race <u>W</u>
		21. Age at last birthday <u>33</u> (years)		
13. Birthplace (city or place) (State or country) <u>Nebraska</u>		22. Birthplace (city or place) (State or country) <u>Little Falls, Minn.</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work <u>Present</u> , 19 <u> </u>		25. Date (month and year) last engaged in this work <u>Present</u> , 19 <u> </u>	
	17. Total time (years) spent in this work <u>1 yr.</u>		26. Total time (years) spent in this work <u>1 yr.</u>	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>				
28. If stillborn, period of gestation <u>5 mo.</u> { months or weeks		29. Cause of stillbirth <u>Unknown</u>		{ Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:22 P.M. on the date above stated.

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

(Signed) Henry J. Klaar, M. D.

or _____, Midwife

Give name added from
a supplemental report _____

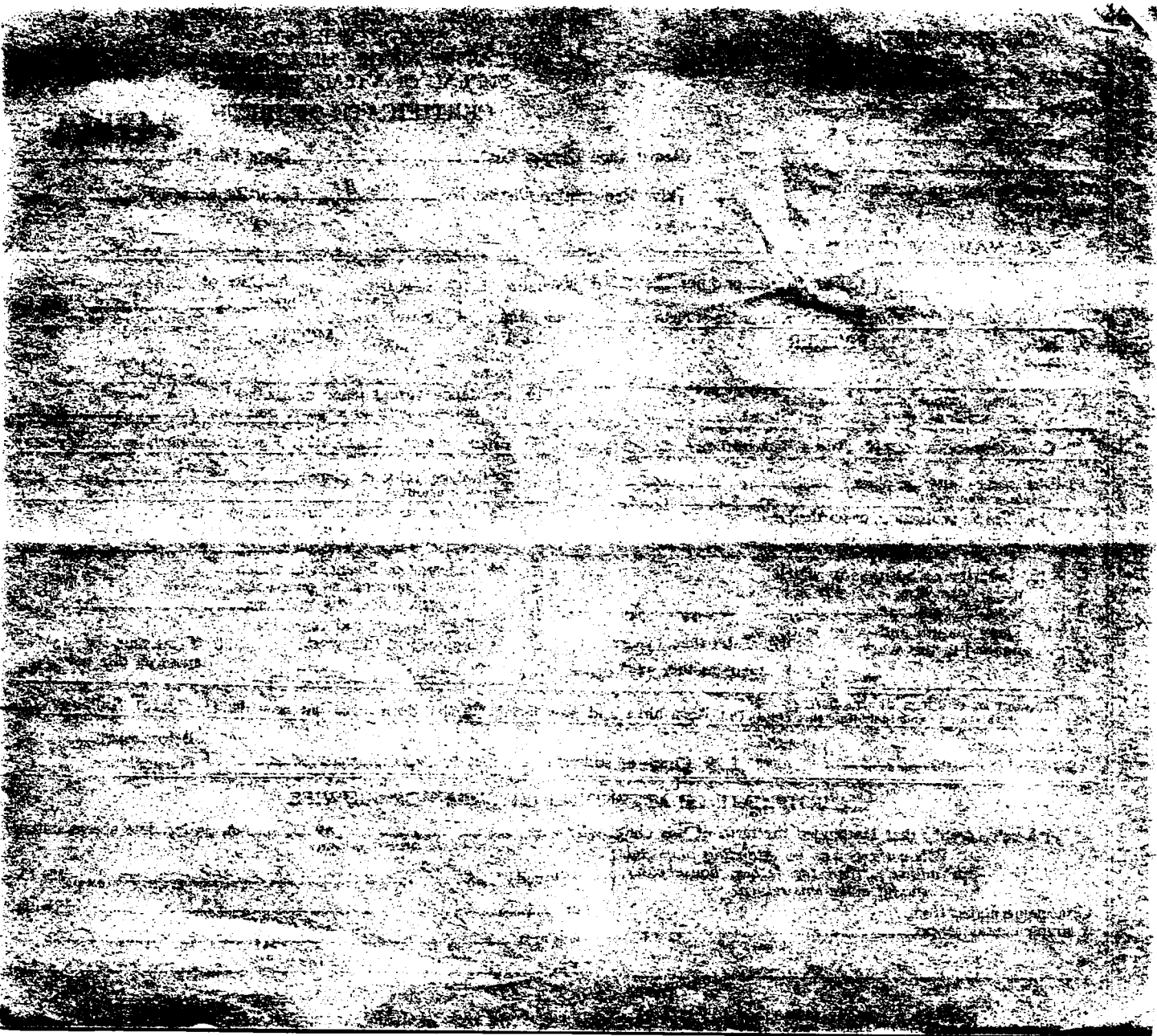
(DATE OF)

Address Moscow, Idaho

Filed 10-3, 1936 Shippelhouse

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

493 105 030-137
PLACE OF BIRTH
County of Lemhi
City of Salmon
No. _____ St. _____
Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2116 Local Registrar's No. _____
2. FULL NAME OF CHILD Baby Miller

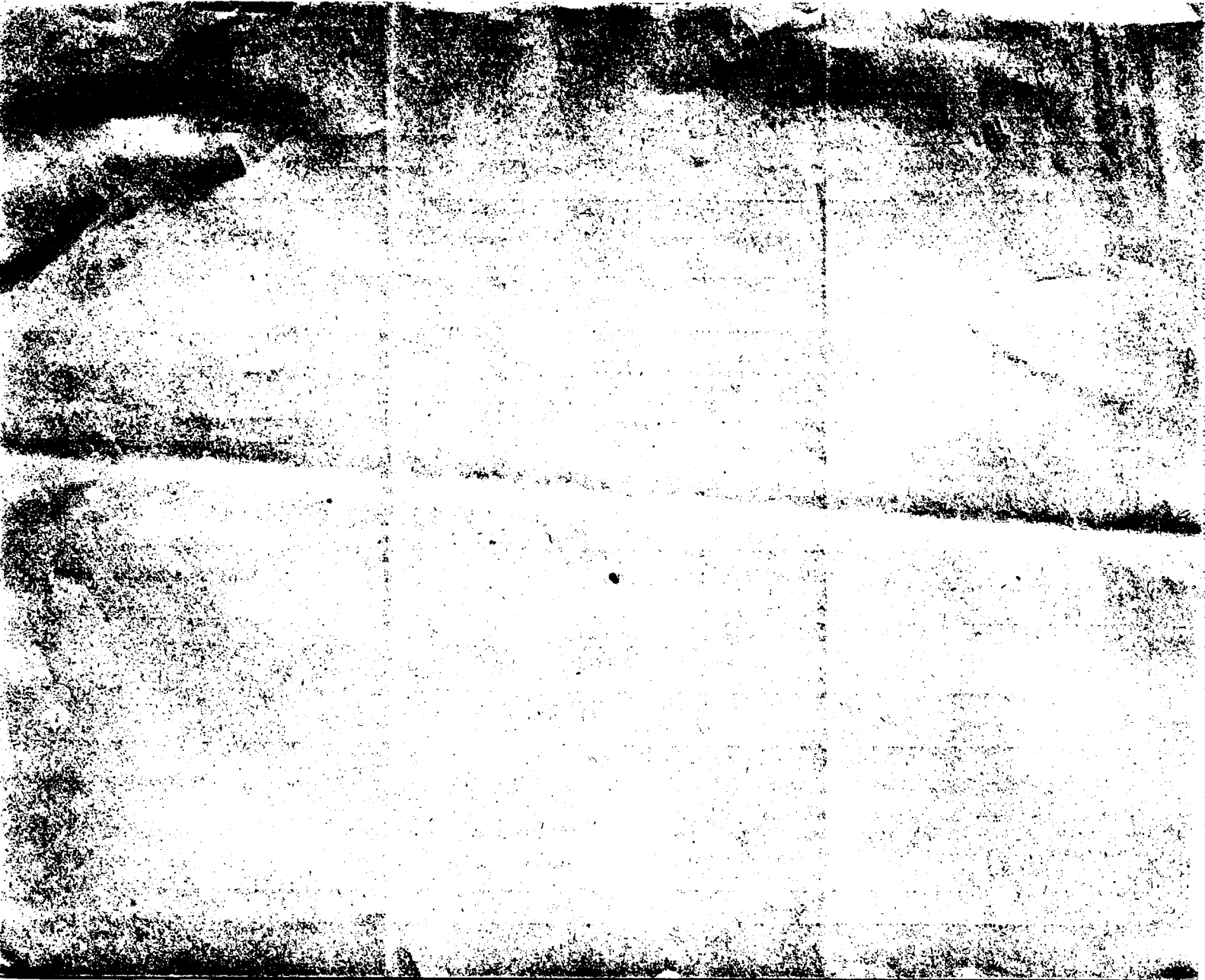
3. Sex Male If plural births { 4. Twin, triplet, or other x 6. Premature no 7. Legiti-
mate? yes 8. Date of birth Oct. 5, 1924
(Month, Day, Year)

9. Full name FATHER Carl Miller 18. Full maiden name MOTHER Betty Jane Algee
10. Residence (usual place of abode) Lemhi Co. 19. Residence (usual place of abode) Lemhi Co.
(If non-resident, give place and State) 20. Color or race W 21. Age at last birthday 17 (years)
11. Color or race W 12. Age at last birthday 36 (years)
13. Birthplace (city or place) Lincoln Neb. 22. Birthplace (city or place) Fulton Mo.
(State or Country) (State or Country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
	<u>miner</u>	<u>min</u>	<u>Oct</u> , 19 <u>24</u>	<u>10</u>		<u>Housekeeper</u>	<u>Home</u>	<u>Oct</u> , 19 <u>24</u>	<u>3</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag no 3
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation Full term { months or weeks } 30. Cause of Stillbirth unknown { Before labor x During labor x }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 2:15 P. m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. _____
(Signed) A. N. McFarland
or no physician there mother alone, Midwife
Address Salmon, Idaho
Filed Oct 10, 1924 Chas. Bellamy
Registrar.



WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

S

OCT 12 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
247442

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Myer
City of Leicester
No. St Joseph St.
(If born in hospital or institution give name.)
Registration District No. 1009 State File No. _____
Prim. Registration District No. 96 Local Registrar's No. _____

2. FULL NAME OF CHILD (Stillborn) Rachel Ann Miles

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate Yes 8. Date of birth Sept. 12, 1936
(Month, Day, Year)

9. Full name FATHER James R. Miles 18. Full maiden name MOTHER Nettie Williams

10. Residence (usual place of abode) Idaho 19. Residence (usual place of abode) Idaho
(If non-resident, give place and State)

11. Color or race Indian 20. Color or race Indian 21. Age at last birthday 45 (years)

12. Birthplace (city or place) Montana 22. Birthplace (city or place) Idaho
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag No

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth Difficult prolonged labor Before labor _____ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:00 p.m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

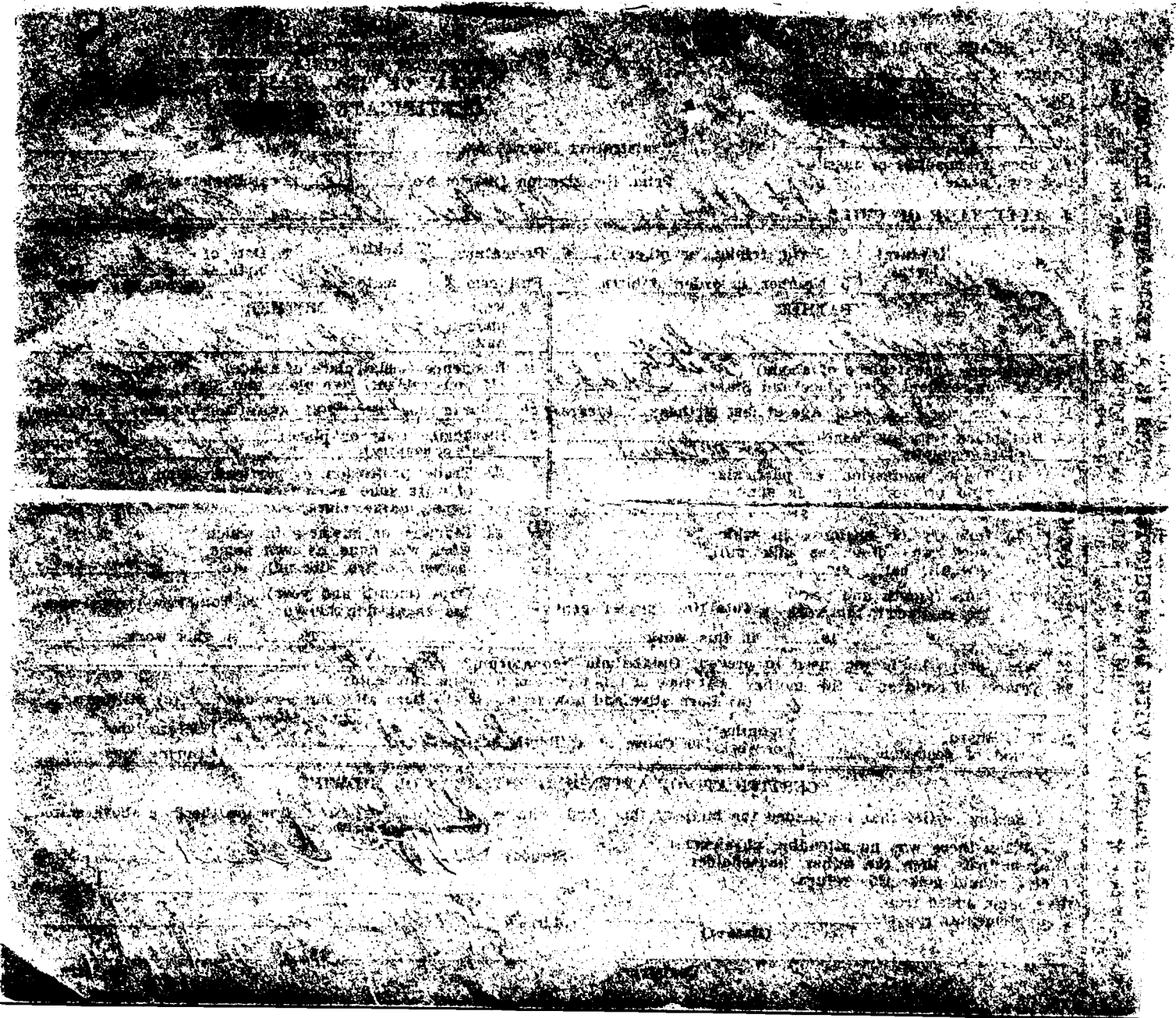
Registrar.

(Signed) W. H. Clark M. D.

or _____ Midwife

Address Leicester, Idaho

Filed Oct. 8, 1936 M. H. Caskey Registrar.



THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

(No. St Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Rachel Ann Miles

(a) Residence. No. St. Webb, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Indian 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Sept. 12, 1936

7. AGE Years — Months — Days — If LESS than 1 day... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

13. NAME James Thomas Miles

14. BIRTHPLACE (city or town) Montana (State or country)

15. MAIDEN NAME Nettie Williams

16. BIRTHPLACE (city or town) Idaho (State or country)

17. INFORMANT James Thomas Miles (Address) Webb, Idaho

18. RURAL, CREMATION OR REMOVAL Place Webb, Idaho Date Sept. 14 1936

19. UNDERTAKER Brower Wann Company (Address) Lewiston, Idaho

20. FILED Oct. 9, 1936 M. A. Curry Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 100561

Local Registrar's No. 681

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1936, to Sept. 12, 1936.

I last saw her alive on Sept. 12, 1936; death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

Other contributory causes of importance:

Difficult delivery
Obst.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1936. Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) W. C. Clark M. D.

(Address) Idaho

Lewiston Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

The PRINCIPAL CAUSES of importance:

Attack of epilepsy

Run over by train

Peritonitis

Other contributory causes of importance:

Gastroenteritis

II

and related causes of importance:

Date of onset

1 week ago

1 week ago

3 days ago

importance:

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT

IAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, should be stated.

PLACE OF BIRTH		OCT 12 1936 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 247450	
County of <u>Anusky</u>		City of <u>Moscow, Idaho</u>		No. _____ St. _____		Registration District No. <u>26</u> State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2069</u>		Local Registrar's No. <u>101</u>			
2. FULL NAME OF CHILD <u>Stella</u>							
3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Sept 12, 1936</u> (Month, Day, Year)	
9. Full name FATHER <u>Ben Thomas</u>				18. Full maiden name MOTHER <u>Margaret Archibald</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow, Idaho</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow, Idaho</u>			
11. Color or race <u>W</u>		12. Age at last birthday <u>43</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>21</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Moscow, Idaho</u>				22. Birthplace (city or place) (State or Country) <u>Clarkston, Utah</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>			
16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>S</u>							
28. Number of children of this mother _____ (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>✓</u>							
29. If stillborn, period of gestation <u>9</u> { months or weeks		30. Cause of Stillbirth <u>?</u> { Before labor <u>10 days</u> During labor _____					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9:30 P.</u> m. on the date above stated. (Born Alive or Stillborn)							
When there was no attending physician or midwife, then the father, householder, etc., should make this return.				(Signed) <u>V. P. Garst</u> , M. D.			
Give name added from a supplemental report _____				or _____, Midwife			
(Date of) _____				Address _____			
Registrar. _____				Filed <u>Sept 30, 1936</u> <u>M. J. Terms</u> Registrar.			

CERTIFICATE OF BIRTH
DEPARTMENT OF PUBLIC HEALTH
STATE OF NEW YORK

Registration Number No. _____
 Date of Birth _____

At birth in hospital or institution give name

Place of Birth _____

At birth in hospital or institution give name

Place of Birth _____

At birth in hospital or institution give name

Place of Birth _____

At birth in hospital or institution give name

Place of Birth _____

At birth in hospital or institution give name

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Place of Birth _____

At birth in hospital or institution give name

Place of Birth _____

At birth in hospital or institution give name

Place of Birth _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Oneida
City of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100569

Registration District No. 26

Primary Registration District No. 2069

Local Registrar's No. 32

OCT 12 1936 RECEIVED

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Stillborn Thomas

(a) Residence. No. Malad St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of L

6. DATE OF BIRTH (month, day, and year) Sept. 12, 1936

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) Sept 12, 1936
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Malad Ida. (State or country)

13. NAME Ben Thomas
14. BIRTHPLACE (city or town) Malad (State or country) Idaho
15. MAIDEN NAME Margaret Archibald
16. BIRTHPLACE (city or town) Malad, Idaho (State or country)

17. INFORMANT Ben Thomas (Address) Malad Ida.

18. BURIAL, CREMATION OR REMOVAL Place Malad Date Sept 13, 1936

19. UNDERTAKER Ben Thomas (Father) (Address) Malad Ida

20. DIED Sept 30, 1936 M. J. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 1936, to 1936

I last saw him alive on 1936; death is said

to have occurred on the date stated above, at Malad m.

The principal cause of death and related causes of importance were as follows:

Do not know

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 1936

Where did injury occur? ✓ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) M. J. Thomas M. D.

(Address) Malad Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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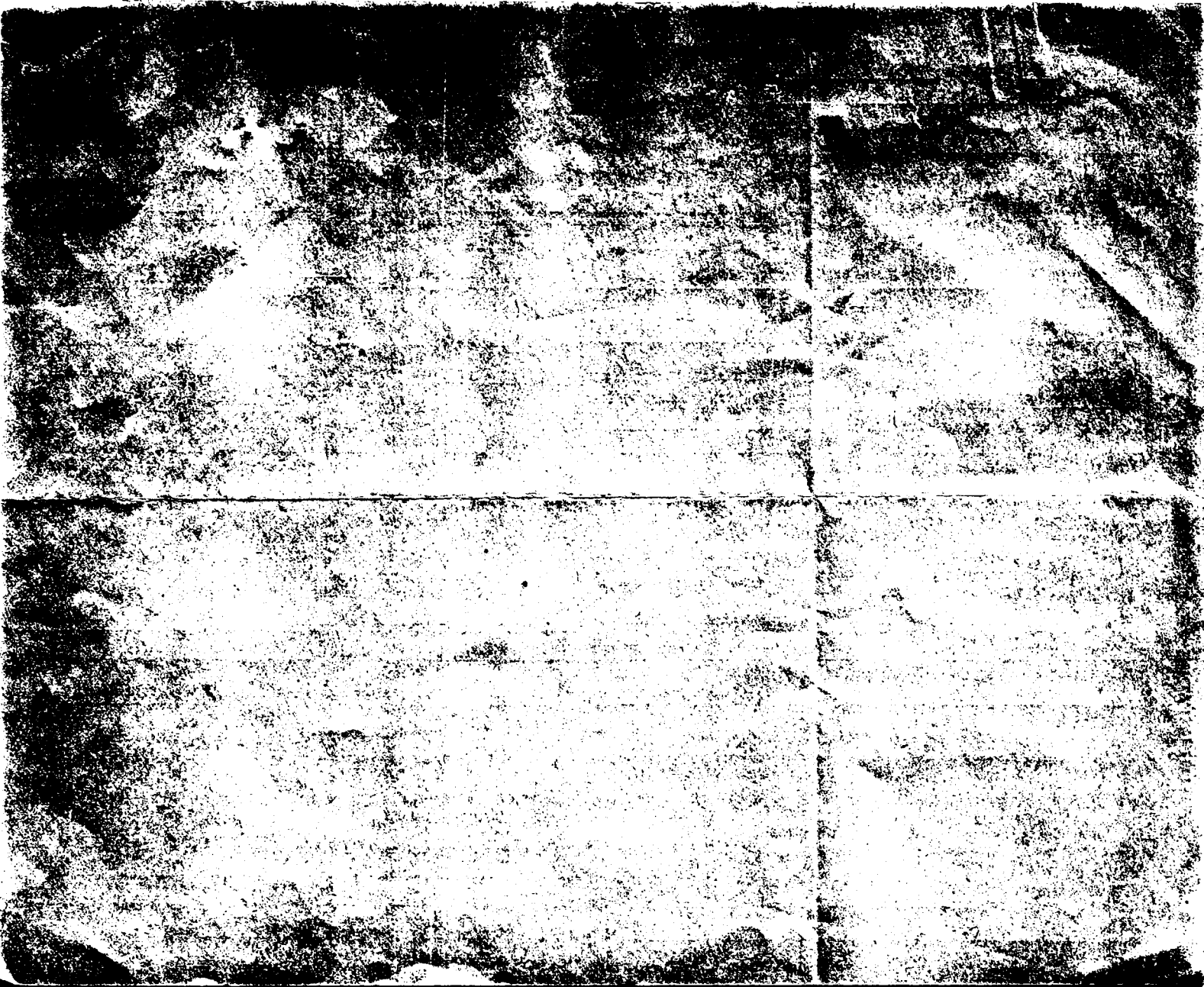
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		S
County of <u>Shoshone</u>		DEPARTMENT OF PUBLIC WELFARE		
City of <u>Wallace</u>		BUREAU OF VITAL STATISTICS		
No. <u>Wanyon Ave</u> St.		CERTIFICATE OF BIRTH		
<u>Providence Hospital</u>		Registration District No. <u>70</u>		State File No. <u>247470</u>
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1011</u>		Local Registrar's No. <u>33</u>
2. FULL NAME OF CHILD <u>Jean Scott. True born</u>				
3. Sex <u>female</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth <u>4</u>	6. Premature <u>yes</u>
				7. Legitimate? <u>yes</u>
				8. Date of birth <u>Aug 22</u> , 193 <u>6</u> (Month, Day, Year)
9. Full name <u>Marion Francis Scott</u>		FATHER		18. Full maiden name <u>Sarah Jane Kollar</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>36</u> (years)		20. Color or race <u>W</u>
13. Birthplace (city or place) (State or Country) <u>Colorado</u>		21. Age at last birthday <u>27</u> (years)		22. Birthplace (city or place) (State or Country) <u>Leadville Colorado</u>
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Assayer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Sunshine Mine</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work <u>At present, 19</u>		25. Date (month and year) last engaged in this work <u>At present, 19</u>	26. Total time (years) spent in this work <u>11 years</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>				
28. Number of children of this mother <u>4</u> (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation <u>5 months</u> { months or weeks		30. Cause of stillbirth <u>fall</u> { Before labor. <u>✓</u> During labor. _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
I hereby certify that I attended the birth of this child, who was <u>still born</u> at <u>4:50</u> p. m. on the date above stated. (Born Alive or Stillborn)				
(Signed) <u>James R Bean</u> , M. D.				
or _____, Midwife				
Address <u>Wallace</u>				
Filed <u>Aug 29</u> , 193 <u>6</u> <u>John Baver</u>				
Registrar.				

When there was no attending physician or midwife, then the father, household, etc., should make this return.
Give name added from a supplemental report.

(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100573Registration District No. 70Primary Registration District No. 1011Local Registrar's No. 27(No. Providence Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Marion Frances Scott(a) Residence. No. Joan Scott St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 22 - 19367. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace Idaho
(State or country)MOTHER FATHER 13. NAME Marion Scott
14. BIRTHPLACE (city or town) Colorado
(State or country)
15. MAIDEN NAME Carol Jane Collier
16. BIRTHPLACE (city or town) Colorado
(State or country)17. INFORMANT Marion Scott
(Address) Wallace Idaho
18. BURIAL, CREMATION OR REMOVAL
Place Wallace Idaho Date Aug 24 193619. UNDERTAKER A Bwer (words)
(Address) Wallace20. FILED Aug 24 1936 John Bwer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 22 193622. I HEREBY CERTIFY That I attended deceased from Aug 22 1936 to Aug 22 1936I last saw him at Steelberr, 1936; death is said to have occurred on the date stated above, at 4:29 a. m. The principal cause of death and related causes of importance were as follows:

Date of onset

Steelberr at 5-5 1/2 months

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? _____ (Specify)

(Signed) John Bwer, M. D.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

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.....

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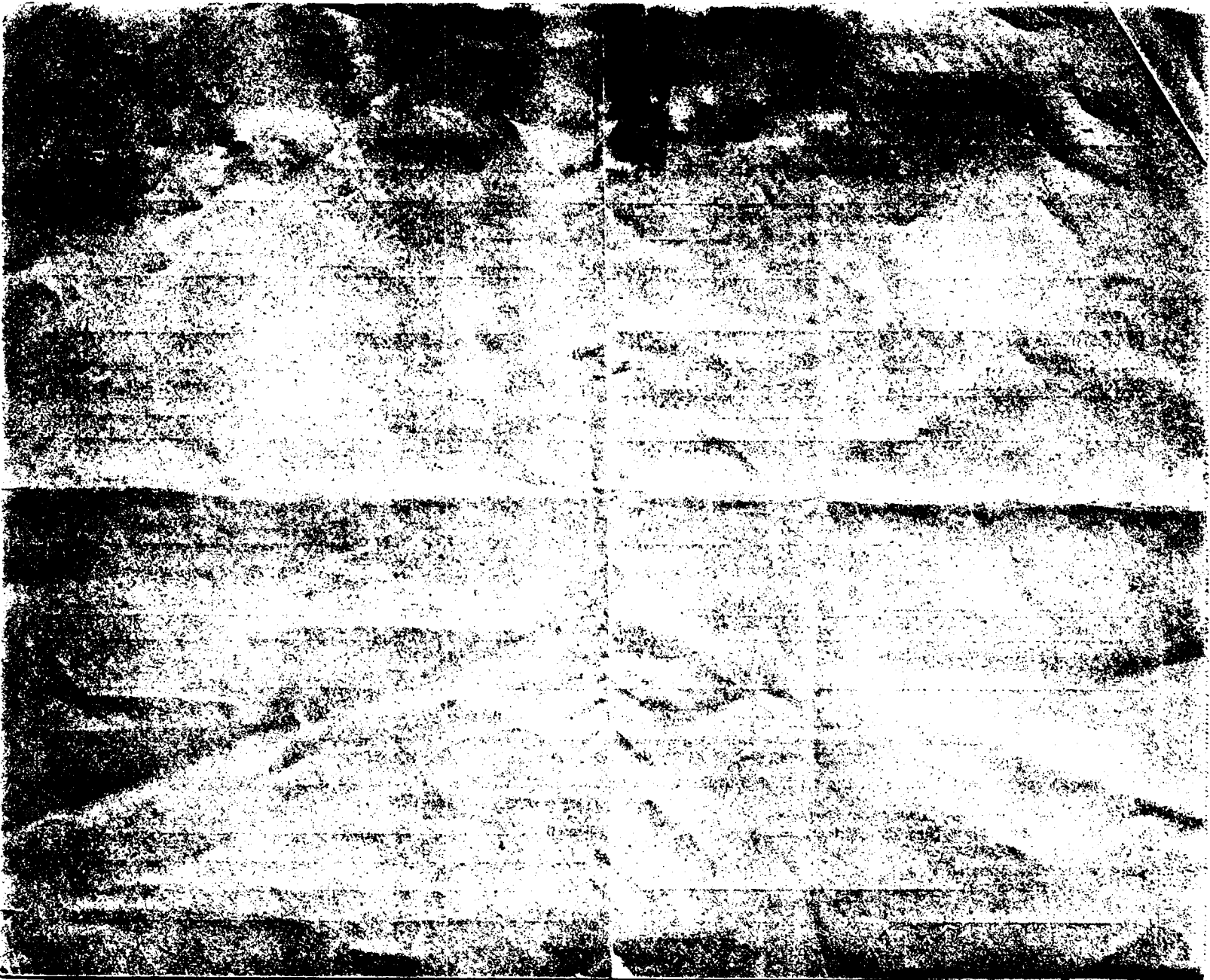
.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		S	
County of <u>Washington</u>		SEP 22 1936		RECEIVED		CERTIFICATE OF BIRTH		247591	
City of <u>Cambridge</u>		No. _____		St. _____		Registration District No. <u>88</u>		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____					
2. FULL NAME OF CHILD <u>Ethan Roy Stillborn</u>									
3. Sex <u>Female</u>		If plural births { 4. Twin, triplet, or other <u>0</u> 5. Number, in order of birth <u>0</u>		6. Premature <u>0</u> Full term <u>18</u>		7. Legitimate? <u>yes</u>		8. Date of birth <u>Aug 1, 1936</u> (Month, Day, Year)	
9. Full name <u>Parley Roy</u> FATHER					18. Full maiden name <u>Opal Phillips</u> MOTHER				
10. Residence (usual place of abode) (If non-resident, give place and State)					19. Residence (usual place of abode) (If non-resident, give place and State)				
11. Color or race <u>White</u> 12. Age at last birthday <u>26</u> (years)					20. Color or race <u>White</u> 21. Age at last birthday <u>5</u> (years)				
13. Birthplace (city or place) <u>Idaho</u> (State or Country)					22. Birthplace (city or place) <u>Idaho</u> (State or Country)				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>					24. Industry or business in which work was done, as own home lawyer's office, silk mill, etc. <u>Home</u>				
16. Date (month and year) <u>Apr 17-36</u> last engaged in this work					25. Date (month and year) <u>9-17-36</u> last engaged in this work				
17. Total time (years) spent in this work <u>Life</u>					26. Total time (years) spent in this work <u>Life</u>				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver Nitrate</u>									
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>									
29. If stillborn, period of gestation <u>9 Months</u> { months or weeks					30. Cause of stillbirth <u>unknown</u> { Before labor During labor				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE									
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9 A.</u> m. on the date above stated. (Born Alive or Stillborn)									
(Signed) <u>J. F. Hunt</u> M. D.									
or <u>Idaho</u> Midwife									
Address <u>Cambridge, Idaho</u>									
Filed <u>9-17-36</u> , 193 <u>6</u> <u>J. F. Hunt</u> Registrar									

Registrar,

Registrar,



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Washington
City of Cambridge

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100605

Registration District No. 88

County Registration District No. _____

Local Registrar's No. _____

SEP 22 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edna Joyce Hot

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug. 1 1934

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MI
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Cambridge, Vt.

13. NAME Perley Hot

14. BIRTHPLACE (city or town) (State or country) More, Vt.

15. MAIDEN NAME Opel Phillips

16. BIRTHPLACE (city or town) (State or country) Essex, Vt.

17. INFORMANT Perley E. Hot (Address) _____

18. BURIAL, CREMATION OR REMOVAL Place Salisbury Date 8-2-1936

19. UNDERTAKER Arthur H. Hot (Address) _____

20. FILED 9-14-36 1936 Perley E. Hot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-1-36

22. I HEREBY CERTIFY, That I attended deceased from 8-1-36 1936, to 8/1/36 1936.

I last saw him alive on _____, 1936. death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Unascertained

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury, 1936.

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) L. F. Hot M. D. (Address) Cambridge, Vt.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BIRTH

County of Ada **NOV 6 1936 RECEIVED**
 City of Boise Idaho

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

247727

No. 341482545 1/2 p 3rdRegistration District No. 2 State File No. 695(If born in hospital or institution give name) Prim. Registration District No. 1004 Local Registrar's No. 6952. FULL NAME OF CHILD (Stillborn) Baby Boy 109 E. 12. Barbara Ann

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ 7. Legiti- mate? Yes 8. Date of birth 9-26, 1936 (Month, Day, Year)

9. Full name FATHER Edward H. Rogers 18. Full maiden name MOTHER Sarah Ellen Mitchell

10. Residence (usual place of abode) #3 Boise 19. Residence (usual place of abode) #3 Boise
 (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 21 (years) 20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place) Idaho 22. Birthplace (city or place) Idaho
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fat carrier 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeping
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Fred Mitchell 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work To date, 1936 17. Total time (years) spent in this work 1 yr 25. Date (month and year) last engaged in this work To date, 1936 26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ months or weeks 30. Cause of Stillbirth Cord around neck right During labor Yes Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:25 m. on the date above stated.
 (Born Alive or Stillborn)

(Signed) R. Sharp, M. D.

or _____, Midwife

Address _____

Filed 10-26, 1936 R. Sharp

Registrar.

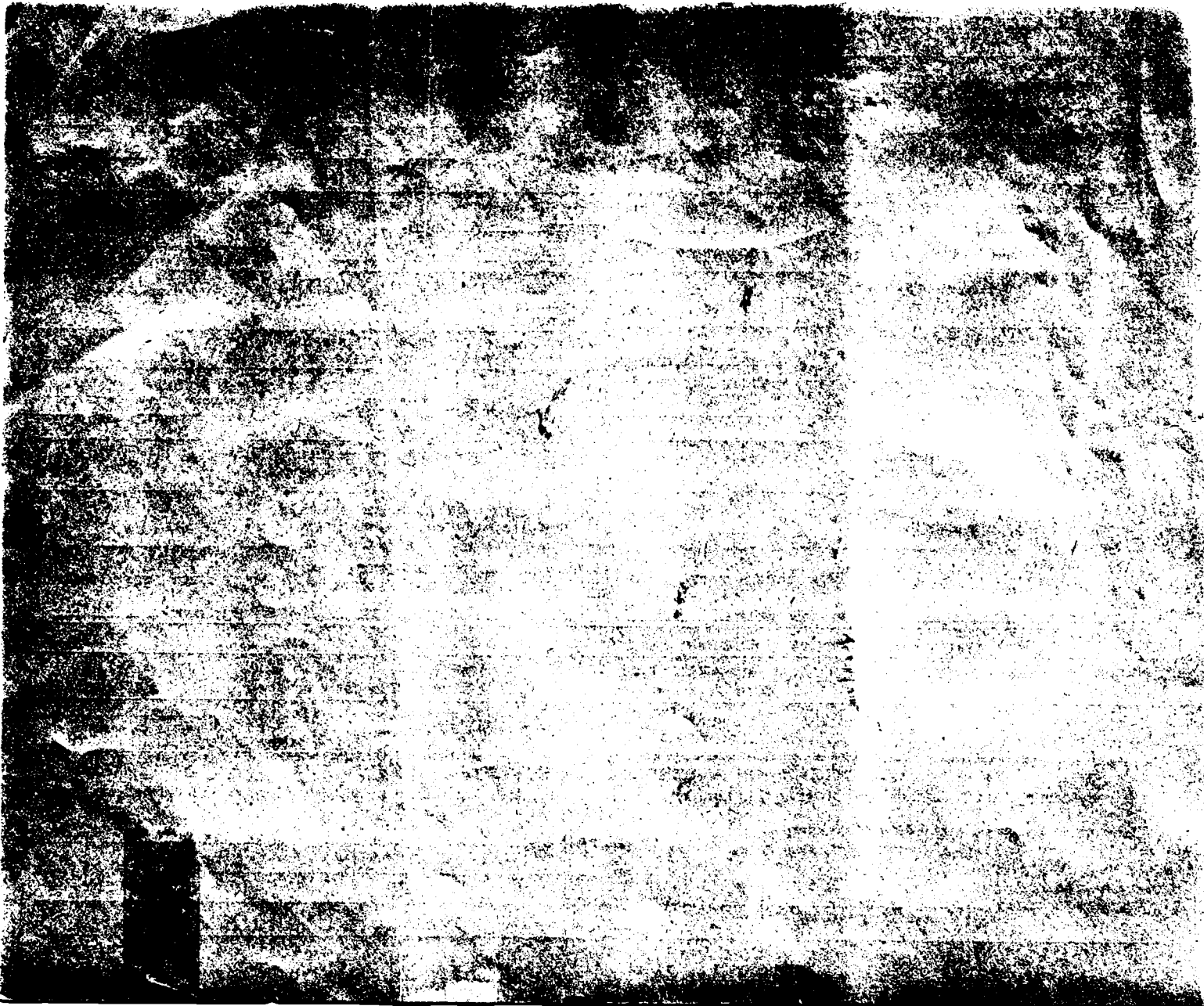
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

one child at birth a Separate return must be made for each



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100292Registration District No. 2Primary Registration District No. 1004Local Registrar's No. 315

OCT 2 1936 RECEIVED

No. St. Alphonsus Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Ann Rodgers(a) Residence. No. Route 5

St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 9/26/1936

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country)

13. NAME Edward Rodgers

14. BIRTHPLACE (city or town) Boise
(State or country)

15. MAIDEN NAME Ellen Mitchell

16. BIRTHPLACE (city or town) Boise
(State or country)

17. INFORMANT Mrs. Charles Rodgers
(Address) Boise

18. BURIAL, CREMATION OR REMOVAL
Place Dry Creek Date 9/27/36, 1936

19. UNDERTAKER McBratney Funeral Home
(Address) Boise

20. FILED 9-29-36 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26/36 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h_____ alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn
Premature separation of
placenta

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) W. Koelsch M. D.

(Address) _____

Koelsch

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1916
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1924

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

SEP 14 1936 RECEIVED

(If born in hospital or institution give name.) Registration District No. 28 State File No. _____
Prim. Registration District No. 2161 Local Registrar's No. 1592

2. FULL NAME OF CHILD Stillborn Brown

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 7-31, 1936
5. Number, in order of birth _____ Full term ✓ (Month, Day, Year)

9. Full name FATHER James Brown
10. Residence (usual place of abode) (If non-resident, give place and State) 1587 1st
11. Color or race Black 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Port of Spain, Alabama
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. H. P. U.
16. Date (month and year) last engaged in this work Present, 1936
17. Total time (years) spent in this work 2 years

OCCUPATION

18. Full maiden name MOTHER Clennie Moore
19. Residence (usual place of abode) (If non-resident, give place and State) 1587 1st
20. Color or race Black 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) New Orleans, Louisiana
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Same
25. Date (month and year) last engaged in this work Present, 1936
26. Total time (years) spent in this work 15 years

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 4
29. If stillborn, period of gestation _____ { months or weeks _____
30. Cause of Stillbirth _____ { During labor _____ Before labor _____
Asphyxiation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn) _____
(Signed) William F. Howard M. D.
or _____, Midwife
Address Payette, Idaho
Filed 9/3, 1936 D. C. Ray Registrar.
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

100-443887-100

CONFIDENTIAL

[illegible]

16. Number in order of birth

REPLY

458

SECRET

2018

1. The first of these is the fact that the majority of the population of the United States is now living in urban areas. This is a result of the process of urbanization, which has been going on since the beginning of the 20th century. The population of the United States has increased from about 100 million in 1900 to over 200 million in 1960. At the same time, the population of rural areas has decreased from about 100 million in 1900 to about 50 million in 1960. This has led to a concentration of the population in urban areas, which has had a number of important consequences for the development of the United States.

(1964) and 1965-1966

State of Georgia

11-11-61

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

work was done as the wall
remained open.

(Last page strongly marked)
 How did it happen?

June (over) state day 1971

It was pointed out that the project was not to be used to develop a new product.

26. Number of children of this subject

(At time of birth and during the trial)

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
3725 MICHIGAN AVENUE, NE
WASHINGTON, D.C. 20042-4500

SECRET

(b)(7)(C), (b)(7)(D)

30

235704

5-4478

Wages were not reduced during the war.

Report of the

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

100

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		S	
County of <u>Bannock</u>		SEP 14 1936 RECEIVED		CERTIFICATE OF BIRTH		247750			
City of <u>Boate</u>		No. <u>H. Anthony Henry St.</u>		Registration District No. <u>28</u>		State File No. <u>1592</u>			
(If born in hospital or institution give name.) <u>Hospital</u>		Prim. Registration District No. <u>2161</u>		Local Registrar's No. <u>1592</u>					
2. FULL NAME OF CHILD <u>Stillborn Prescott</u>									
3. Sex <u>Female</u>		4. Twin, triplet, or other <u>births</u>		5. Number, in order of birth <u>5</u>		6. Premature <u>Full term</u>		7. Legiti- mate? <u>Yes</u>	
8. Date of birth <u>7-31</u> , 193 <u>6</u>									
(Month, Day, Year)									
9. Full name FATHER <u>Clifford Prescott</u>					18. Full maiden name MOTHER <u>Hannah Hansen</u>				
10. Residence (usual place of abode) <u>234 So. Idaho</u>					19. Residence (usual place of abode) <u>234 So. Idaho</u>				
(If non-resident, give place and State)					(If non-resident, give place and State)				
11. Color or race <u>White</u>					12. Age at last birthday <u>39</u> (years)				
13. Birthplace (city or place) <u>Cleveland</u>					20. Color or race <u>White</u>				
(State or Country) <u>Idaho</u>					21. Age at last birthday <u>39</u> (years)				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>					22. Birthplace (city or place) <u>Cleveland</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Same</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>				
16. Date (month and year) last engaged in this work <u>Present</u> , 193 <u>6</u>					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>				
17. Total time (years) spent in this work <u>17</u>					25. Date (month and year) last engaged in this work <u>Present</u> , 193 <u>6</u>				
26. Total time (years) spent in this work <u>17</u>									
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Stillborn</u>									
28. Number of children of this mother (At time of this birth and including this child) <u>7</u>									
(a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>									
29. If stillborn, period of gestation <u>1 month</u> , <u>10</u> months or weeks					30. Cause of Stillbirth <u>During labor</u> <u>Constriction</u> <u>Before labor</u> <u>Small baby</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE									
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.									
(Born Alive or Stillborn) _____									
(Signed) <u>Dr. J. H. Howard</u> , M. D.									
or _____, Midwife									
Address <u>Boate</u>									
Filed <u>9/2</u> , 193 <u>6</u> <u>D. C. Ray</u>									
Registrar.									

DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C. 20540

STATE OF MICHIGAN

IN SENATE
JANUARY 10, 1961
REPORT OF THE
COMMISSIONER OF
THE MICHIGAN DEPARTMENT OF
CORRECTIONS

TO THE SENATE
FROM THE COMMISSIONER OF THE MICHIGAN DEPARTMENT OF CORRECTIONS
JANUARY 10, 1961
The following report was submitted to the Senate by the Commissioner of the Michigan Department of Corrections on January 10, 1961.

The report covers the period from January 1, 1960, to December 31, 1960. It contains information regarding the operations of the Michigan Department of Corrections, including the number of inmates, the cost of operation, and the results of various programs.

The report is divided into several sections, including:

- General Information
- Operations
- Programs
- Financial Statement
- Recommendations

The report is a summary of the activities of the Michigan Department of Corrections during the year 1960. It is intended to provide the Senate with a comprehensive overview of the department's operations and to serve as a basis for discussion and action.

Very truly yours,
[Signature]
Commissioner of the Michigan Department of Corrections

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 99488

Registration District No. 28

AUG 11 1936 RECEIVED

Primary Registration District No. 2161

Local Registrar's No. 746

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Prescott

(a) Residence. No. 204 S. Idaho St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) July 31, 1936
7. AGE Years Months Days If LESS than 1 day hrs. or min.
✓ ✓ 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

13. NAME C. H. Prescott

14. BIRTHPLACE (city or town) Cleveland
(State or country) Idaho

15. MAIDEN NAME Anna Hansen

16. BIRTHPLACE (city or town) Cleveland
(State or country) Idaho

17. INFORMANT C. H. Prescott
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date Aug 1, 1936

19. UNDERTAKER Lawrence J. Fisher
(Address) Pocatello, Idaho

20. FILED 8-1, 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1936 to 1936

I last saw him alive on July 31, 1936; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Monster, Paraccephalyst
Intrauterine

Other contributory causes of importance:

Name of operation Cesarean section Date of operation
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) William H. Howard M. D.

(Address) Pocatello, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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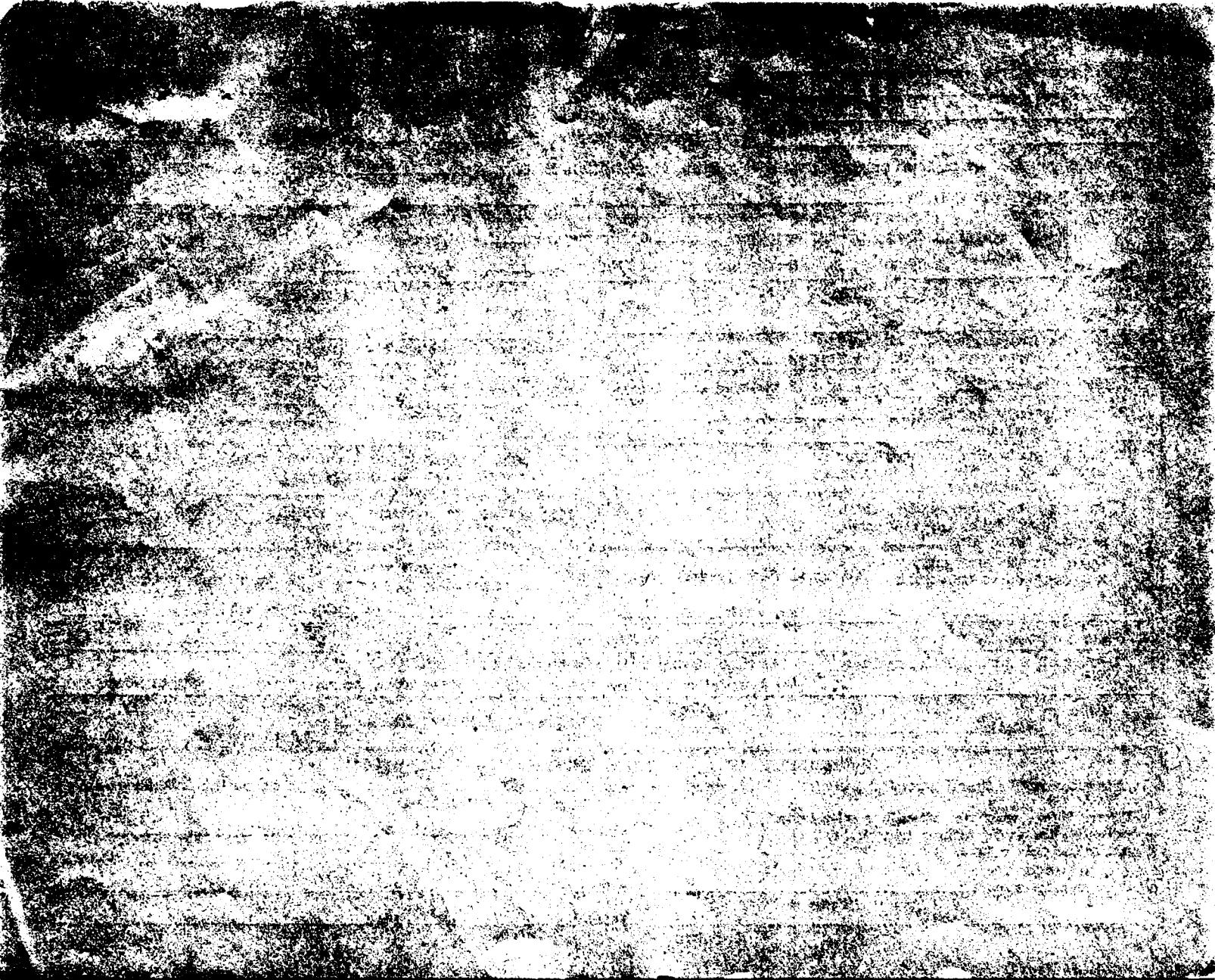
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		S 247829	
County of <u>Bingham</u>		City of <u>Idaho Falls, Idaho</u>		No. <u>11. Hall, Idaho St.</u>		Registration District No. <u>121</u>		State File No. <u>298</u>			
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2194</u>		Local Registrar's No. <u>298</u>							
2. FULL NAME OF CHILD <u>No name Farmer - Stillborn</u>											
3. Sex <u>m</u>		If plural births		4. Twin, triplet, or other		5. Number, in order of birth		6. Premature		7. Legitimate?	
8. Date of birth <u>Sept. 24, 1936</u>		(Month, Day, Year)									
9. Full name <u>W. C. Carter Farmer</u>						18. Full name <u>Maggie Peterson</u>					
10. Residence (usual place of abode) <u>Hall, Idaho</u>						19. Residence (usual place of abode) <u>Hall, Idaho</u>					
11. Color or race <u>W</u>						20. Color or race <u>W</u>					
12. Age at last birthday <u>26</u> (years)						21. Age at last birthday <u>22</u> (years)					
13. Birthplace (city or place) <u>Hall, Idaho</u>						22. Birthplace (city or place) <u>Hall, Idaho</u>					
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>						23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>own home</u>						24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>					
16. Date (month and year) last engaged in this work <u>9-24, 1936</u>						17. Total time (years) spent in this work <u>4</u>					
18. Date (month and year) last engaged in this work <u>9-24, 1936</u>						19. Total time (years) spent in this work <u>4</u>					
27. What prophylactic was used to prevent Ophthalmia Neonatorum?											
28. Number of children of this mother (At time of this birth and including this child)											
(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>											
29. If stillborn, period of gestation { months or weeks											
30. Cause of Stillbirth { During labor. Before labor.											
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
I hereby certify that I attended the birth of this child, who was <u>Dead</u> at <u>11 A.</u> m. on the date above stated.											
(Born Alive or Stillborn)											
(Signed) <u>L. D. Nelson</u> , M. D.											
or <u>Lot Hall, Idaho</u> Midwife											
Address <u>Oct. 18, 1936</u>											
Filed <u>Mr. Nelson & Son</u>											
Registrar.											



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Fort Hall Agency & Reserv.

E. on R. STATE OF IDAHO

PLACE OF DEATH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

County of Bingham

City of Fort Hall, Idaho

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

100375

State File No.

Registration District No. I2I-R

OCT 8 1936

Primary Registration District No. 2I94-R

Local Registrar's No. 153

(No. Agency Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME No name Farmer.

(a) Residence. No. Fort Hall, Idaho

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>Sho.-Ban.4/4</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Stillborn</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----		
6. DATE OF BIRTH (month, day, and year) <u>Sept. 24, 1936</u>		
7. AGE Years <u>Stillborn</u>	Months	Days
If LESS than 1 day ____ hrs. or ____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

MOTHER FATHER	13. NAME <u>McCarty Farmer</u>
	14. BIRTHPLACE (city or town) <u>Fort Hall, Idaho</u> (State or country)
	15. MAIDEN NAME <u>Maggie Peterson</u>
	16. BIRTHPLACE (city or town) <u>Fort Hall, Idaho</u> (State or country)

17. INFORMANT Maggie Peterson
(Address) Fort Hall, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Presbyterian Mis. Date Sept. 25, 1936

19. UNDERTAKER None
(Address)

20. FILED Oct. I, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from
Sept. 24 1936 to Sept. 24 1936

I last saw Stillborn alive on 1936: death is said

to have occurred on the date stated above, at ____ m.
The principal cause of death and related causes of importance were as follows:

Stillborn
Syphilis
Wasserman- Mother 4 plus.

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exte'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) F.A. Nelson, M. D.
(Address) Fort Hall, Idaho

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		S	
County of <u>Blaine</u>		NOV 5 1936		RECEIVED		CERTIFICATE OF BIRTH			
City of <u>Hailey</u>		St. _____		Registration District No. <u>57</u>		State File No. <u>247869</u>			
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2022</u>		Local Registrar's No. <u>SS</u>					
2. FULL NAME OF CHILD <u>Silas Bradley Dees</u>									
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature <u>yes</u> Full term _____		7. Legiti- mate? <u>yes</u>		8. Date of birth <u>10-28</u> 19 <u>36</u> (Month, Day, Year)	
9. Full name <u>Silas Bradley Dees</u>					18. Full maiden name <u>Mary Isabelle Bresnahan</u>				
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hailey</u>					19. Residence (usual place of abode) (If non-resident, give place and State) <u>Hailey</u>				
11. Color or race <u>white</u> 12. Age at last birthday <u>28</u> (years)					20. Color or race <u>white</u> 21. Age at last birthday <u>25</u> (years)				
13. Birthplace (city or place) <u>Buchanan</u> (State or Country) <u>Georgia</u>					22. Birthplace (city or place) <u>Hailey</u> (State or Country) <u>Idaho</u>				
OCCUPATION 14. Trade, profession, or particular kind of work done, as <u>spinners</u> , sawyer, bookkeeper, etc. <u>Maintenance Fireman</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>State Highway</u>					OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____				
16. Date (month and year) last engaged in this work _____, 19____					25. Date (month and year) last engaged in this work _____, 19____				
17. Total time (years) spent in this work <u>7</u>					26. Total time (years) spent in this work <u>7</u>				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Argyrol</u>									
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>3</u> (c) Stillborn <u>1</u>									
29. If stillborn, period of gestation <u>6 1/2 mo.</u> { months or weeks _____									
30. Cause of stillbirth <u>unknown</u> Before labor _____ During labor _____									
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE									
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>1:35 P</u> on the date above stated. (Born Alive or Stillborn)									
(Signed) <u>Robert H. Wright</u> , M. D. or _____, Midwife									
Address <u>Hailey, Idaho</u>									
Filed <u>10-30</u> , 19 <u>36</u> <u>Robert H. Wright</u> Registrar.									



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 100738 State File No.	
CERTIFICATE OF DEATH PLACE OF DEATH County of <u>Blaine</u> City of <u>Hailey</u> Registration District No. <u>57</u> Primary Registration District No. <u>2022</u>		Local Registrar's No. <u>49</u> <u>206</u>	
NOV 5 1936 RECEIVED (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Stillborn</u>			
(a) Residence. No. _____ St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>10-28-'36</u>			
7. AGE	Years	Months	Days
	<u>✓</u>	<u>✓</u>	<u>✓</u>
If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant.</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
		<u>Hailey Idaho.</u>	
12. BIRTHPLACE (city or town) (State or country)			
13. NAME <u>Silas Bradley Dees</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Buchanan Idaho</u>			
15. MAIDEN NAME <u>Mary Kate Dees</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Hailey Idaho.</u>			
17. INFORMANT (Address) <u>Mrs. Silas Dees Hailey, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hailey, Idaho</u> Date <u>10-28 1936</u>			
19. UNDERTAKER (Address) <u>No undertaker</u>			
20. FILED <u>10-30 1936</u> <u>P. H. Wright</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>10-28 1936</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.			
I last saw him alive on _____, 193____; death is said to have occurred on the date stated above, at _____.			
The principal cause of death and related causes of importance were as follows:			
<u>Stillborn - 6 1/2 mo. - foetus.</u> <u>Cause of death unknown.</u>			
Other contributory causes of importance:			
<u>Mother had small pox when 3 1/2 mo. - pregnant.</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____.			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____			
(Signed) <u>Robert H. Wright</u> M. D.			
(Address) <u>Hailey, Idaho.</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

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.....

.....

1. PLACE OF BIRTH
County of Banner
City of Priest River
No. _____ St. _____

Registration District No. 85 State File No. 9

Prim. Registration District No. 2185 Local Registrar's No. 81-36

2. FULL NAME OF CHILD Richard Eugene Wear - Stillborn

3. Sex Male

If plural births } 4. Twin, triplet, or other..... 6. Premature..... 7. Legiti-

5. Number, in order of birth..... Full term Yes mate Yes

8. Date of birth Sept 20, 1936
(Month, Day, Year)

9. Full name	FATHER	18. Full maiden name	MOTHER
	Tam Wear		Gladys McFall

10. Residence (usual place of abode) Priest River, Idaho
(If non-resident, give place and State) _____

19. Residence (usual place of abode) Priest River, Idaho
(If non-resident, give place and State) _____

11. Color or race W | 12. Age at last birthday 25 (years) | 20. Color or race W | 21. Age at last birthday 24 (years)

13. Birthplace (city or place).....
(State or country) Wisconsin

22. Birthplace (city or place).....
(State or country) Canada

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. woodsmen

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
--	--

16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
19		19	

27 What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living.....(b) Born alive but now dead.....(c) Stillborn. /

29. If stillborn, period of gestation 9 mo. } months ~~or weeks~~ 30. Cause of stillbirth Card circulation } Before labor.....
impaired } During labor ☒

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was William at 3 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Robert C. Brown, M. D.

or Midwife

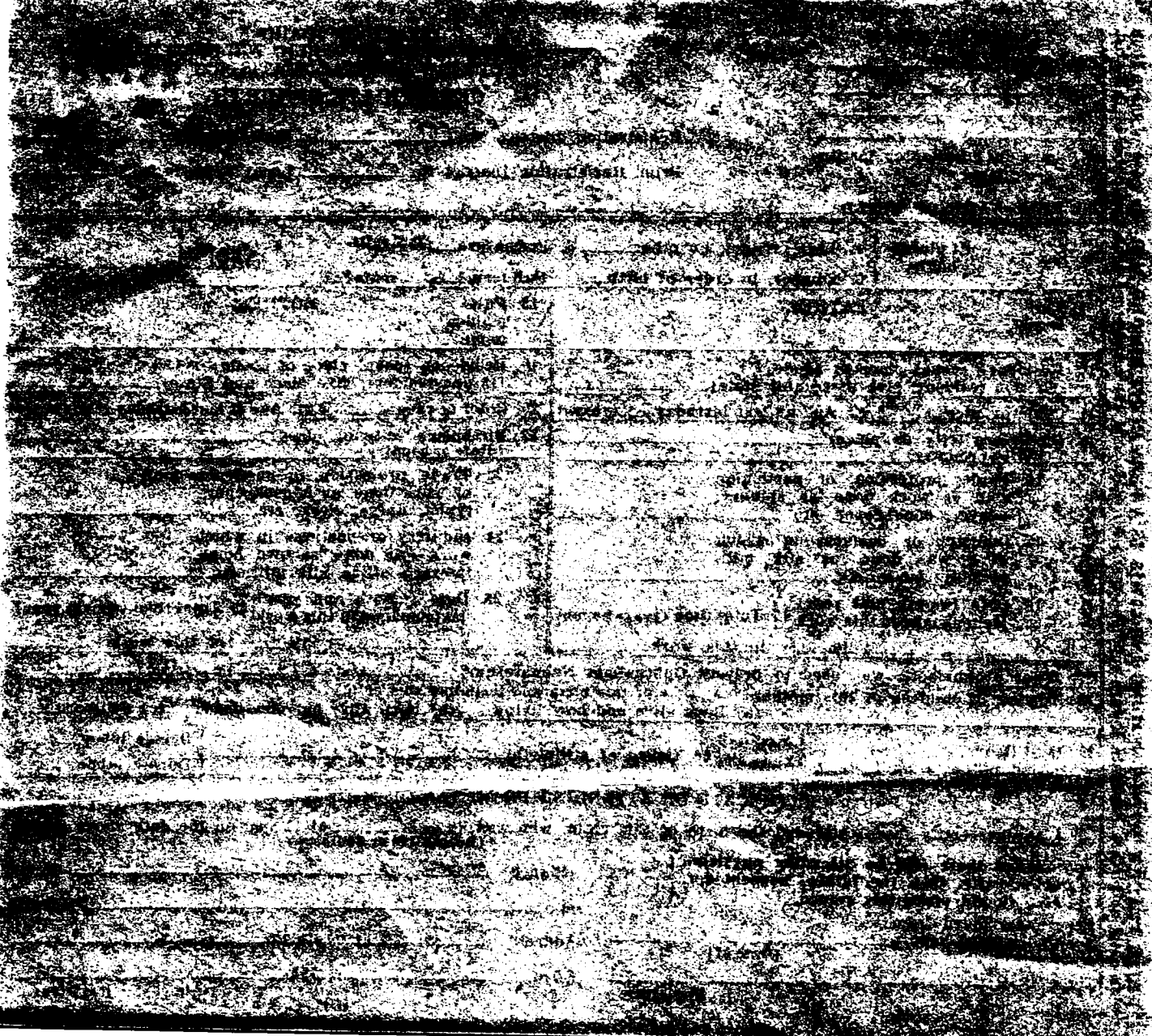
Give name added from
a supplemental report.....

Address 1 Priest River Lodge

Filed 10/10/75 1986 10/26/86

Registrar.

PRIEST RIVER - 1944



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Boyer</u>		City of <u>Pratt River</u>		Registration District No. <u>85</u>		Primary Registration District No. <u>2185</u>		State File No. <u>100750</u>	
City of <u>Pratt River</u>		Registration District No. <u>85</u>		Primary Registration District No. <u>2185</u>		Local Registrar's No. <u>20-36</u>			
(If death occurred in a hospital or institution, give its name instead of street and number)									
2. FULL NAME <u>Richard Eugene Wear</u>									
(a) Residence. No. <u>St.</u>									
(Usual place of abode)									
Length of residence in city or town where death occurred. yrs. <u>7</u> mos. <u>0</u> ds.									
How long in U. S., if of foreign birth? yrs. <u>7</u> mos. <u>0</u> ds.									
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH					
1. SEX <u>Male</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH (month, day and year) <u>Sept 20 1936</u>			
6. If married, widowed, or divorced <u>None</u>		HUSBAND of (or) WIFE of <u>None</u>		6. DATE OF BIRTH (month, day, and year) <u>Sept 20 1936</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 20 1936</u> to <u>Sept 20 1936</u> . I last saw <u>him</u> alive on <u>Sept 20 1936</u> ; death is said to have occurred on the date stated above, at <u>3 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Strangulation of cord during delivery</u>			
7. AGE Years <u>Stellborn</u> Months <u>0</u> Days <u>0</u> If LESS than 1 day... hrs. <u>0</u> min. <u>0</u>		8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>		9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		10. Date deceased last worked at this occupation (mo. and yr.) <u>Sept 20 1936</u>		11. Total time (years) spent in this occupation <u>7-20-36</u>	
12. BIRTHPLACE (city or town) <u>Pratt River</u> (State or country) <u>Idaho</u>		13. NAME <u>Tom Wear</u>		14. BIRTHPLACE (city or town) <u>Earl</u> (State or country) <u>Wisconsin</u>		15. MAIDEN NAME <u>Harriet McFall</u>		16. BIRTHPLACE (city or town) <u>Pratt River</u> (State or country) <u>Idaho</u>	
17. INFORMANT <u>Tom Wear</u> (Address) <u>Pratt River</u>		18. BURIAL, CREMATION OR REMOVAL Place <u>Pratt River</u> Date <u>Sept 21 1936</u>		19. UNDERTAKER <u>F. G. Moom</u> (Address) <u>Pratt River</u>		20. FILED <u>Sept 21 1936</u> Registrar <u>Ben C. Voss</u>		Name of operation <u>Strangulation of cord</u> Date of onset <u>9-20-36</u>	
21. DATE OF DEATH (month, day and year) <u>Sept 20 1936</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 20 1936</u> to <u>Sept 20 1936</u> . I last saw <u>him</u> alive on <u>Sept 20 1936</u> ; death is said to have occurred on the date stated above, at <u>3 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Strangulation of cord during delivery</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury, 1936. <u>Where did injury occur? (Specify city or town, county, and state)</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No</u> . If so, specify..... (Signed) <u>Harold C. Voss</u> M. D. (Address) <u>Pratt River, Idaho</u>		Other contributory causes of importance: <u>Strangulation of cord during delivery</u>	

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

247880

1. PLACE OF BIRTH
County of Bonner
City of Priest River
No. 1936 St.

Registration District No. 85 State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. 2/85 Local Registrar's No. 4/36

2. FULL NAME OF CHILD Arthur Leroy Doolittle

3. Sex M If plural births { 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature Full term X 7. Legitimate? Yes X 8. Date of birth 10/15 1936 (Month, Day, Year)

9. Full name FATHER
Lyle L. Doolittle

10. Residence (usual place of abode)
(If non-resident, give place and State) P.R., Idaho

11. Color or race W. 12. Age at last birthday 22 (years)

13. Birthplace (city or place) Sandpoint, Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as splanner
sawyer, bookkeeper, etc. Truck Driver

15. Industry or business in which work was done, as silk mill,
sawmill, bank, etc.

16. Date (month and year) last engaged in this work
At present time 1936 17. Total time (years) spent in this work 2 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
None (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 1/2 months or weeks 30. Cause of stillbirth Asphyxia due to cord around neck Before labor During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:45 A.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edward V. Bond, M. D.

or _____, Midwife

Give name added from a supplemental report.

(Date of)

Address Priest River

Filed Oct 16 1936 Registrator

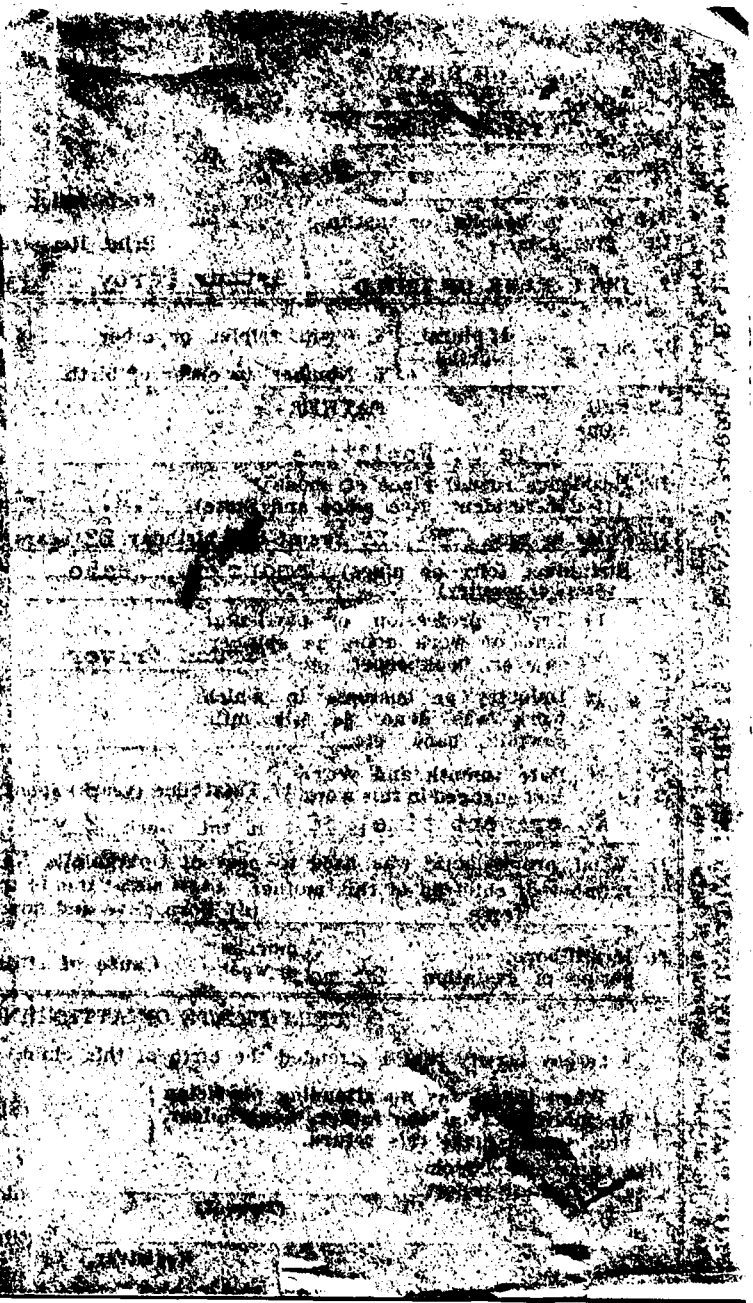
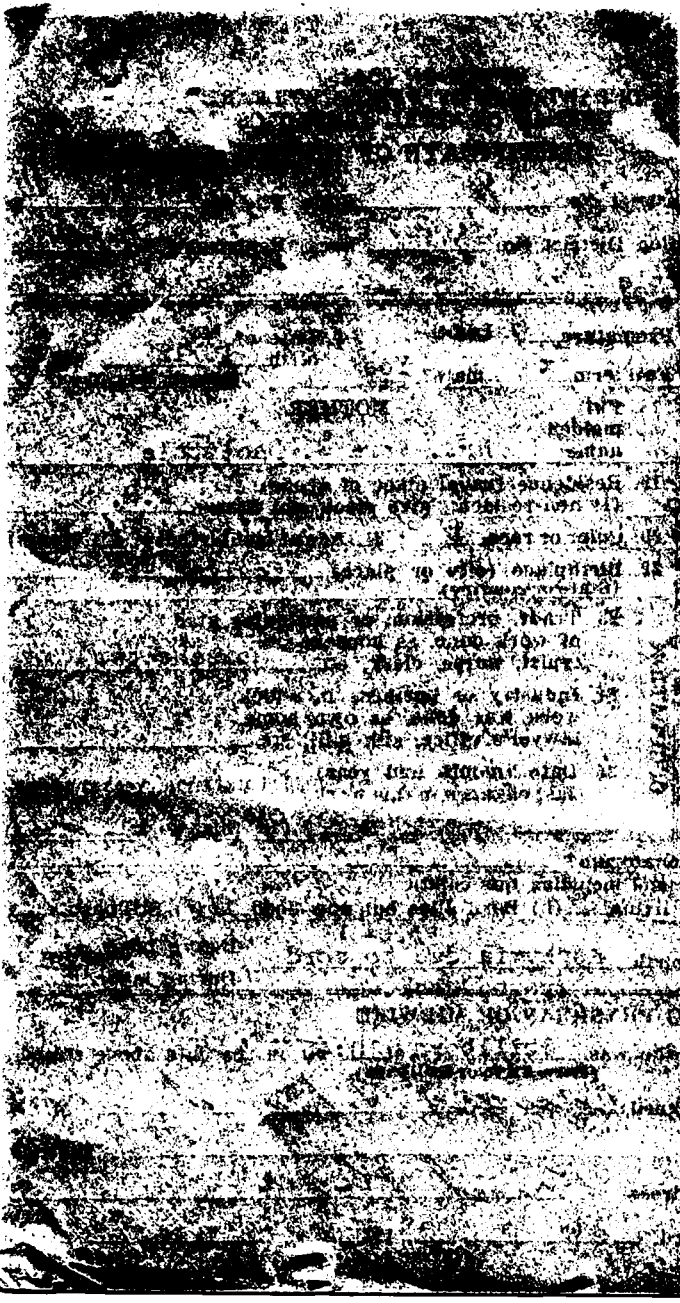
Registrar.

PRIEST RIVER IDA

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCCUPATION

OCCUPATION



MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 3 1936 RECEIVED

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>	City of <u>Butt River</u>	CERTIFICATE OF DEATH		State File No. <u>100751</u>	
Registration District No. <u>85</u>		Primary Registration District No. <u>21 & 5</u>		Local Registrar's No. <u>22-36</u>	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Arthur Leroy Doolittle</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>M</u>			5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>		
4. Color or Race <u>W</u>			6. DATE OF BIRTH (month, day, and year) <u>Oct 15, 1936</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			7. AGE Years _____ Months _____ Days _____ If LESS than 1 day... hrs. _____ min. <u>Stillborn</u>		
6. DATE OF BIRTH (month, day, and year) <u>Oct 15, 1936</u>			8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>		
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day... hrs. _____ min. <u>Stillborn</u>			9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>			10. Date deceased last worked at this occupation (mo. and yr.) _____		
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>			11. Total time (years) spent in this occupation _____		
10. Date deceased last worked at this occupation (mo. and yr.) _____			12. BIRTHPLACE (city or town) (State or country) <u>Butt River, Idaho</u>		
11. Total time (years) spent in this occupation _____			13. NAME <u>Lytle L. Doolittle</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Butt River, Idaho</u>			14. BIRTHPLACE (city or town) (State or country) _____		
13. NAME <u>Lytle L. Doolittle</u>			15. MAIDEN NAME <u>Yvonne L. Doolittle</u>		
14. BIRTHPLACE (city or town) (State or country) _____			16. BIRTHPLACE (city or town) (State or country) _____		
15. MAIDEN NAME <u>Yvonne L. Doolittle</u>			17. INFORMANT (Address) <u>Butt River, Idaho</u>		
16. BIRTHPLACE (city or town) (State or country) _____			18. BURIAL, CREMATION OR REMOVAL Place <u>Butt River, Idaho</u> Date <u>Oct 15, 1936</u>		
17. INFORMANT (Address) <u>Butt River, Idaho</u>			19. UNDERTAKER (Address) <u>None</u>		
18. BURIAL, CREMATION OR REMOVAL Place <u>Butt River, Idaho</u> Date <u>Oct 15, 1936</u>			20. FILED <u>Oct 17, 1936</u> Registrar <u>Edmund M. D.</u>		

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day and year) <u>Oct 15, 1936</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 15, 1936</u> to <u>Oct 15, 1936</u>	
I last saw h... alive on _____, 193...; death is said to have occurred on the date stated above, at _____ m.	
The principal cause of death and related causes of importance were as follows: <u>Stillborn baby delivered on Oct. 15, 1936. Cord looped around neck twice only evident cause.</u>	
Other contributory causes of importance: <u>Primipara Mother</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury, 193... Where did injury occur? _____ (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. _____	
Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Edmund M. D.</u> (Address) <u>Butt River, Idaho</u>	

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. ~~PLACE OF BIRTH~~
County of Bonneville NOV
City of Idaho Falls
No. 379 E. 17th St

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

247903

Registration District No. 23 State File No. 241500

(If born in hospital or institution give name.)

Prim. Registration District No. 2150 Local Registrar's No. 612

2. FULL NAME OF CHILD Gilbert Hill (Boys)

2. Sex Boy If plural births { 4. Twin, triplet, or other Singles 6. Premature _____ 7. Legitimate? yes 8. Date of birth Dec 45 1904 (Month, Day, Year)

9. Full name **FATHER**
Albert Hice.

18. Full maiden name *Florence Ambros* MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State) 379 E 12th

19. Residence (usual place of abode)
(If non-resident, give place and State) 379 E 12th St

11. Color or race. White 12. Age at last birthday. 42 (years)

20. Color or race... white 21. Age at last birthday. 38 (years)

13. Birthplace (city or place)
(State or Country) London England

22. Birthplace (city or place)
(State or Country) *Salt Lake city Utah*

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Truck driver*

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 14 years

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year)
last engaged in this work
Never so engaged 1936

17. Total time (years) spent
in this work *14*

25. Date (month and year) last engaged in this work Oct, 1936

26. Total time (years) spent in this work 2 1/2

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 9th

(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, *mother had full* months 9
period of gestation *weeks before birth* ~~or weeks~~
child

30. Cause of Stillbirth ^{mother had full} Before labor.....
^{before giving birth} During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12 A. m. on the date above stated
(Born Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Thomas C. Wilson, M. D.

Give name added from
a supplemental report.

or, Midwife

(Date of)

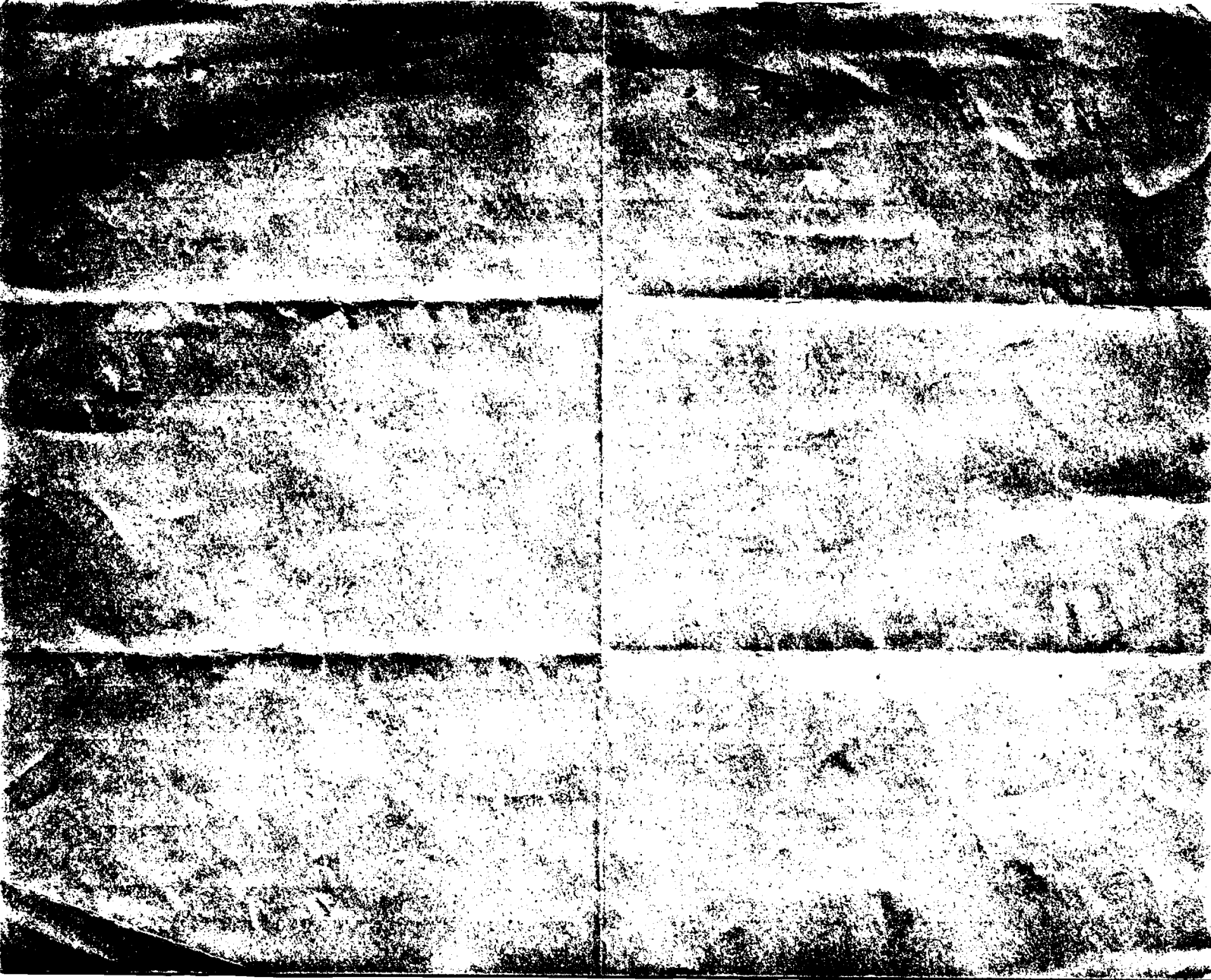
Address Idaho Falls Idaho

Filed Oct. 9 1936 Wm. J. ...

Registrar.

Registrar

Fallo Fallos



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonanza
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 100411Registration District No. 73

1936 RECEIVED

Primary Registration District No. 2120Local Registrar's No. 198(No. 379-E 17 St)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. 379-E 17 St

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose
6. DATE OF BIRTH (month, day, and year) Oct 4 - 1936
7. AGE Years Months Days If LESS than 1 day hrs. or min.
Born dead
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idaho Falls13. NAME Albert Hill14. BIRTHPLACE (city or town) (State or country) London Eng15. MAIDEN NAME Flourance Andrews16. BIRTHPLACE (city or town) (State or country) Idaho Falls Idaho17. INFORMANT (Address) Albert Hill

18. BURIAL, CREMATION OR REMOVAL

Place Mount Ida Date Oct 4, 193619. UNDERTAKER (Address) Idaho Falls20. FILED Oct 4, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 4, 193622. I HEREBY CERTIFY, That I attended deceased from Infant still birth, 1936, to 1936I last saw h. alive on 1936; death is saidto have occurred on the date stated above, at 1936 m.The principal cause of death and related causes of importance were as follows: Still birth

Mother had a fall about 2 weeks before commencement of pregnancy & caused death of child. dead about a week before birth.

Other contributory causes of importance:

Date of onset

Mother fell on porch stone before 2/2/36

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1936Where did injury occur? 379 E. 17th St. Idaho Falls Idaho (Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury caught foot in bed & fell

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Thomas E. Willson M. D.(Address) 124 N. Eastern ave Idaho Falls

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Mother had fall on back porch of home Sept. 24/36 caused still birth

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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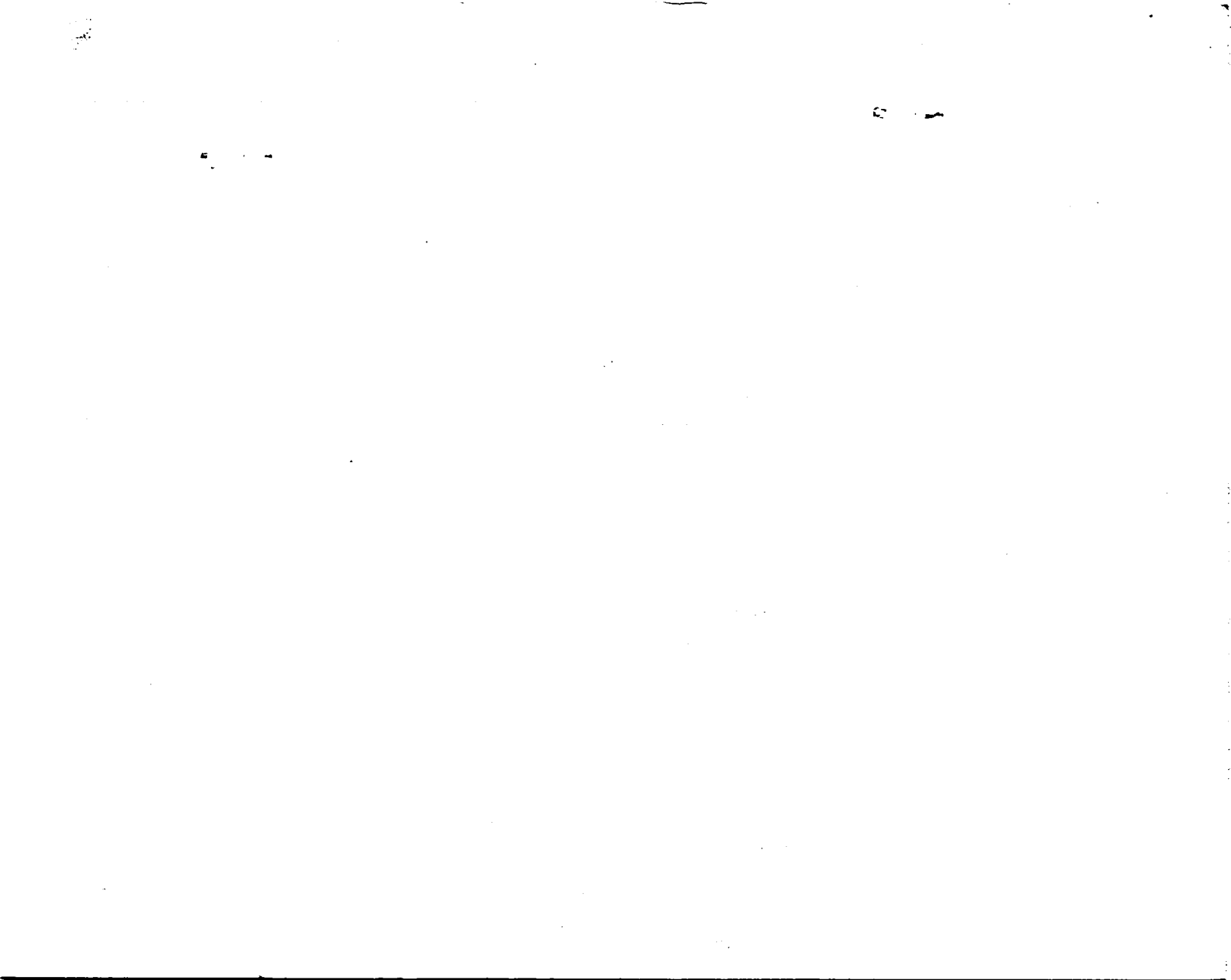
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		NOV 6 1936 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 247905	
County of <u>Bonneville</u>		City of <u>Idaho Falls</u>		No. <u>St. L. S. Hospital</u>		Registration District No. <u>13</u> State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>13</u>		Local Registrar's No. <u>619</u>			
2. FULL NAME OF CHILD <u>Still born</u>							
3. Sex <u>Girl</u>		4. Twin, triplet, or other _____		6. Premature _____		8. Date of birth <u>10-18-36</u> (Month, Day, Year)	
If plural births _____		5. Number, in order of birth _____		7. Legitimate? <u>yes</u>			
9. Full name FATHER <u>Clifford Edwards</u>				18. Full maiden name MOTHER <u>Mineris Kathleen Jensen</u>			
10. Residence (usual place of abode) <u>1045 Idaho Falls</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>1045 Idaho Falls</u> (If non-resident, give place and State)			
11. Color or race <u>W.</u>		12. Age at last birthday <u>23</u> (years)		20. Color or race <u>W.</u>		21. Age at last birthday <u>21</u> (years)	
13. Birthplace (city or place) <u>Blackfoot Idaho</u> (State or Country)				22. Birthplace (city or place) <u>Atlanta Wyoming</u> (State or Country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Trucking</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own Self</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>	
16. Date (month and year) last engaged in this work <u>Oct 1936</u>		17. Total time (years) spent in this work <u>4 years</u>		25. Date (month and year) last engaged in this work <u>Oct 1936</u>		26. Total time (years) spent in this work <u>1 year</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation _____		{ months or weeks _____		30. Cause of stillbirth _____		{ Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>4:20</u> p.m. on the date above stated. (Born Alive or Stillborn)							
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____				(Signed) <u>W. B. Woolley</u> , M. D. or _____ Midwife Address <u>Idaho Falls Idaho</u> Filed <u>Oct 19</u> , 193 <u>6</u> <u>W. B. Woolley</u> Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonneville</u>		City of <u>High Falls</u>		State File No. <u>100760</u>	
Registration District No. <u>73</u>		Registration District No. <u>2147</u>		Local Registrar's No. <u>205</u>	
NOV 6 1936 RECEIVED		(No. <u>L. S. S. Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Stillbirth</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>girl</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>			
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>					
7. DATE OF BIRTH (month, day, and year) <u>10-18-36</u>					
8. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. <u>Stillbirth</u>					
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
11. Date deceased last worked at this occupation (mo. and yr.)					
12. BIRTHPLACE (city or town) (State or country)					
13. NAME <u>Clifford Edwards</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Blackfoot Idaho</u>					
15. MAIDEN NAME <u>Minerva Catherine Jensen</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho Wyoming</u>					
17. INFORMANT <u>Dr. Clifford Edwards</u>					
18. (BURIAL) CREMATION OR REMOVAL Place <u>High Falls</u> Date <u>Oct 19, 1936</u>					
19. UNDERTAKER (Address) <u>None</u>					
20. FILE <u>Oct 19, 1936</u> Registrar. <u>Edwards</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>10/18 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>6-1</u> 1936, to <u>10-18</u> 1936.					
I last saw h... alive on _____, 193...; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>nephritic toxemia in mother</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? ... Was there an autopsy? ..					
23. If death was due to external causes (violence) fill in also Accident, suicide, or homicide? ... Date of injury, 193...					
Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? ... If so, specify _____					
(Signed) <u>H. B. Wadsworth</u> M. D.					
(Address) <u>Edwards Falls, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City Bonner Ferry
No. R R St.

(If born in hospital or institution give name.)

NOV 13 1936

RECEIVED
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
247978

Registration District No. 79 State File No. _____

Prim. Registration District No. 2156 Local Registrar's No. _____

2. FULL NAME OF CHILD

Baby Albertine Steinhorn

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Aug 29 1936
(Month, Day, Year)

9. Full name of FATHER James Bartlett Atkins
10. Residence (usual place of abode) Bonner Ferry
(If non-resident, give place and state)
11. Color or race Wh 12. Age at last birthday 49 (years)
13. Birthplace (city or place) Republican City, Nebraska
(State or country)

18. Full maiden name of MOTHER Annie P. Perites
19. Residence (usual place of abode) Bonner Ferry
(If non-resident, give place and state)
20. Color or race Wh 21. Age at last birthday 3 (years)
22. Birthplace (city or place) Burlington Colorado
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work 25

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work 25

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 12
(a) Born alive and now living 10 (b) Born alive but now dead 1 (c) Stillborn 1
29. If stillborn, period of gestation 9 months or weeks 30. Cause of stillbirth Separation of placenta Before labor ✓ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) S. J. King, M. D.

or _____, Midwife

Address Bonner Ferry, Ida

Filed Aug - 29th 1936 S. J. King

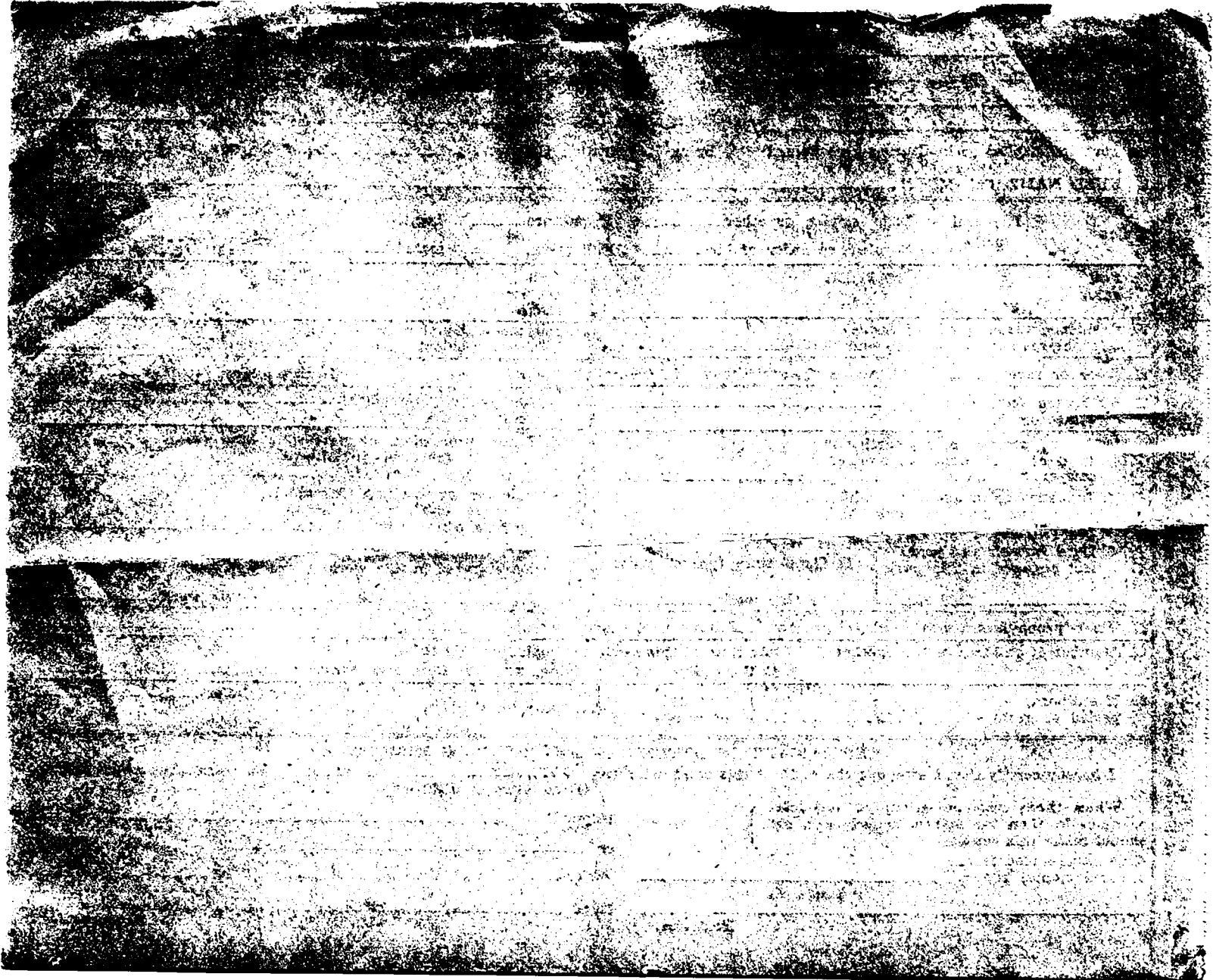
(Date of)

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of Canyon City of Nampa No. Mercy Hospital St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 248027	
		Registration District No. 7		State File No.	
(If born in hospital or institution give name.)		Prim. Registration District No. 1006		Local Registrar's No. 339	
2. FULL NAME OF CHILD (Baby) Davidson (Still born)					
3. Sex female		4. Twin, triplet, or other births		5. Number, in order of birth	
6. Premature Y9		7. Legiti- mate? yes		8. Date of birth Oct. 19, 1936 (Month, Day, Year)	
9. Full name FATHER Roger McCoy Davidson			18. Full maiden MOTHER name Virginia Elizabeth Labickier		
10. Residence (usual place of abode) (If non-resident, give place and State) 405 16th Ave. S.			19. Residence (usual place of abode) (If non-resident, give place and State) 405 16th Ave S		
11. Color or race W			20. Color or race W		
12. Age at last birthday 42 (years)			21. Age at last birthday 34 (years)		
13. Birthplace (city or place) (State or Country) Iowa			22. Birthplace (city or place) (State or Country) Montana		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Dealer			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?					
28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn					
29. If stillborn, period of gestation 7 mo. { months or weeks					
30. Cause of stillbirth { Before labor. Before During labor.					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 2 p.m.					
I hereby certify that I attended the birth of this child, who was born dead at m. on the date above stated. (Born Alive or Stillborn)					
(Signed) Samuel A. Gwayer, M. D.					
or					
Address Nampa Idaho					
Filed Nov. 5, 1936 Lyda Rodgers Registrar.					



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

- PLACE OF DEATH

County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 100790

NOV 1 1936 RECEIVED

Registration District No. 7

Registration District No. 1006

Local Registrar's No. 157

(No. Mercy Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Davidson

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>October 19 - 1936</u>		
7. AGE	Years	Months Days
		If LESS than 1 day <u>X</u> hrs. or <u>X</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

13. NAME Roger Davidson

14. BIRTHPLACE (city or town) Stasswood
(State or country) Louisiana

15. MAIDEN NAME Virginia Lebkacher

16. BIRTHPLACE (city or town) Helena
(State or country) Mont.

17. INFORMANT Roger Davidson
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Shelburne
Place Nampa, Ida. Date 10-20, 1936

19. UNDERTAKER Mrs. Nissa M. Talley
(Address) Nampa, Ida.

20. FILED Nov. 2, 1936 Lyla Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 19 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 19 - 1936 to Oct 19 - 1936

I last saw h. born dead, 1936: death is said

to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance

were as follows:

Macerated fetus

of about 7 mo.

gestation

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? h

23. If death was due to exte'l causes (violence)-fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in

public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) Samuel H. Hargreaves M. D.

(Address) Nampa, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

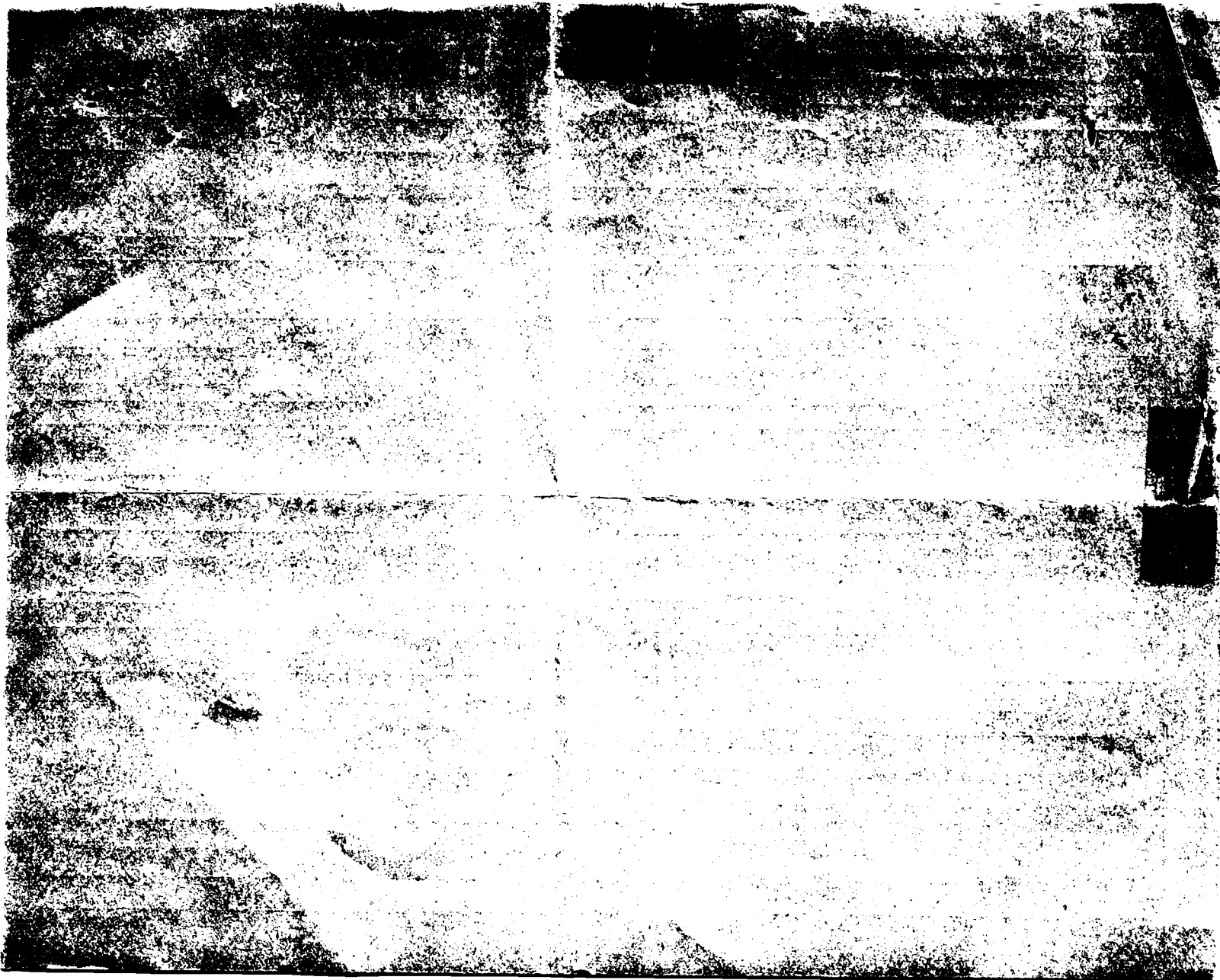
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Cassia</u> City of <u>Burley</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS NOV 10 1936 RECEIVED CERTIFICATE OF BIRTH 248119	
(If born in hospital or institution give name) _____		Registration District No. <u>117</u> State File No. _____	
2. FULL NAME OF CHILD <u>Shelton</u>		Prim. Registration District No. <u>2196</u> Local Registrar's No. <u>228</u>	
3. Sex <u>m</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>
		8. Date of birth <u>8-26-1936</u> (Month, Day, Year)	
9. Full name FATHER <u>Frank Reggie</u>		18. Full maiden name MOTHER <u>Edna Whitehead</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>	
11. Color or race <u>w</u>		20. Color or race <u>w</u>	
12. Age at last birthday <u>35</u> (years)		21. Age at last birthday <u>21</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Ida</u>		22. Birthplace (city or place) (State or Country) <u>Ida</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>14 w</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>4 1/2</u> { months or weeks		30. Cause of Stillbirth { During labor _____ Before labor <u>✓</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>3 P</u> m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>G. E. Seale</u> , M. D.			
or _____, Midwife			
Address _____			
Filed <u>Nov 2</u> , 1936 <u>Laura J Spracher</u> Registrar.			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report. _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of CassiaCity of BurleySTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

State File No. 100839Local Registrar's No. 109

1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Maggie(a) Residence. No. Burley, Ida. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) _____6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Aug. 26-1934 Months _____ Days _____ If LESS than 1 day, hrs. min. Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Burley (State or country) Idaho13. NAME Frank H. Maggie14. BIRTHPLACE (city or town) Idaho (State or country) Idaho15. MAIDEN NAME Edna Whitehead16. BIRTHPLACE (city or town) Utah (State or country) Utah17. INFORMANT Frank H. Maggie (Address) Burley, Ida.

18. BURIAL, CREMATION OR REMOVAL

Place Burley, Ida. Date 8/24, 193419. UNDERTAKER R. E. Johnson (Address) Burley, Ida.20. FILED 10/27, 1934. Lepna S. Spisacher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/24 193422. I HEREBY CERTIFY, That I attended deceased from 8-26-, 1934, to 8-26-, 1934.

I last saw h... alive on _____, 1934; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Stillborn
5 mo gestation

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury, 1934.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ... (Signed) Spisacher

(Address) _____, M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Clearwater</u> City of <u>Progreso</u> No. _____ St. _____		NOV 7 1936 RECEIVED DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 248154	
(If born in hospital or institution give name.)		Registration District No. _____		State File No. _____	
2. FULL NAME OF CHILD <u>Samuel E. Kipp - Stillborn</u>		Prim. Registration District No. _____		Local Registrar's No. <u>136</u>	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Oct. 12</u> 19 <u>36</u> (Month, Day, Year)	
9. Full name FATHER <u>A. E. Kipp</u>			18. Full maiden name MOTHER <u>Mamie Scott</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Progreso</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Progreso</u>		
11. Color or race <u>Indian</u>			20. Color or race <u>Indian</u>		
12. Age at last birthday <u>28</u> (years)			21. Age at last birthday <u>25</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Idaho</u>			22. Birthplace (city or place) (State or Country) <u>Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>H's wife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Quince plant</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work <u>To date</u>	17. Total time (years) spent in this work <u>?</u>		25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____
	19. _____	_____		_____	_____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>10 months</u> { months or weeks _____					
30. Cause of Stillbirth _____ { During labor <u>Yes</u> Before labor <u>No</u>					

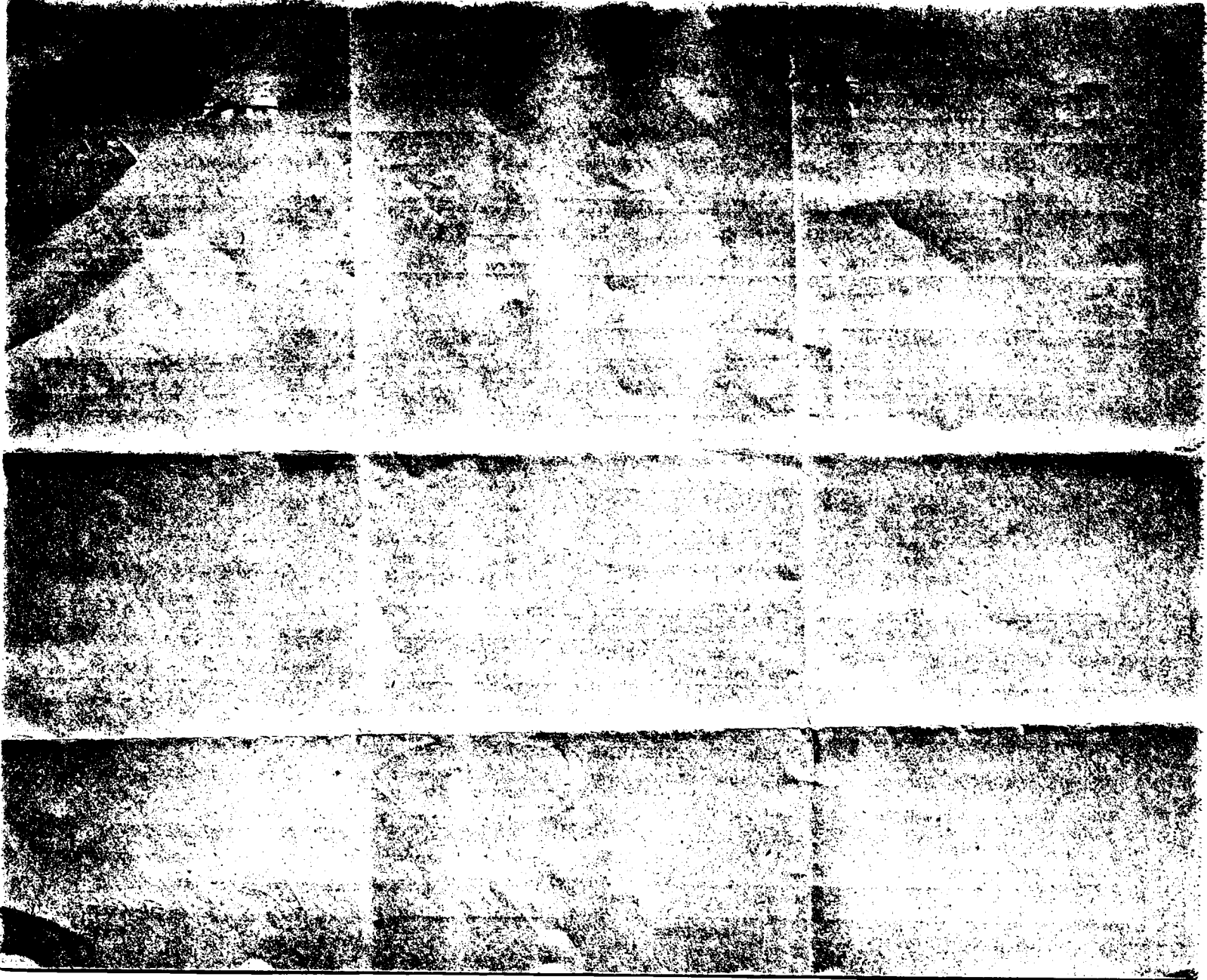
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, household, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) A. Hopkins, M. D.
or _____, Midwife
Address Progreso, Idaho
Filed 10/14, 1936 W. A. Shan Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Cleburne
City of Casper
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

100851

State File No.

Registration District No. 90Primary Registration District No. 2157Local Registrar's No. 125

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Samuel C. Kipp

(a) Residence. No.

(Usual place of abode)

St. Casper, Ida

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m4. Color or Race Indian5. Single, Married, Widowed or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct 12-1936

7. AGE

Years

Months

Days

If LESS than
1 day ____ hrs.
or ____ min.stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Casper, Ida

MOTHER/FATHER

13. NAME A. C. Kipp14. BIRTHPLACE (city or town) (State or country) Idaho15. MAIDEN NAME Minnie Scott16. BIRTHPLACE (city or town) (State or country) Idaho17. INFORMANT A. C. Kipp (Address) Casper, Ida

18. BURIAL, CREMATION OR REMOVAL

Place Kamiah Date Oct 14, 193619. UNDERTAKER W. A. Shaw (Address) Casper, Ida20. FILED 10/14, 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-12-193622. I HEREBY CERTIFY, That I attended deceased from Still-born, 193, to Oct. 12, 1936I last saw him alive on _____, 193: death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

10/12/36

Other contributory causes of importance:

Name of operation no Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed)

(Address)

P. J. Hoferius, M. D.
Casper, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Reidy
No. _____ St. _____
Hardy Mat. Name
(If born in hospital or institution give name.)

NOV 13 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

Registration District No. 98 State File No. 248244
Prim. Registration District No. 2176 Local Registrar's No. 153

2. FULL NAME OF CHILD

3. Sex F If plural births { 4. Twin, triplet, or other no 5. Number, in order of birth _____ 6. Premature _____ Full term + 7. Legiti- mate? yes 8. Date of birth Oct. 15, 1936 (Month, Day, Year)

9. Full name FATHER Carl Arthur Nordstrom
10. Residence (usual place of abode) (If non-resident, give place and State) Trevelton, Idaho
11. Color or race W 12. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Trevelton, Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work present, 19_____
17. Total time (years) spent in this work life

18. Full maiden name MOTHER Florence Agnes Hand
19. Residence (usual place of abode) (If non-resident, give place and State) Trevelton, Idaho
20. Color or race W 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) Reidy, Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work present, 19_____
26. Total time (years) spent in this work 1

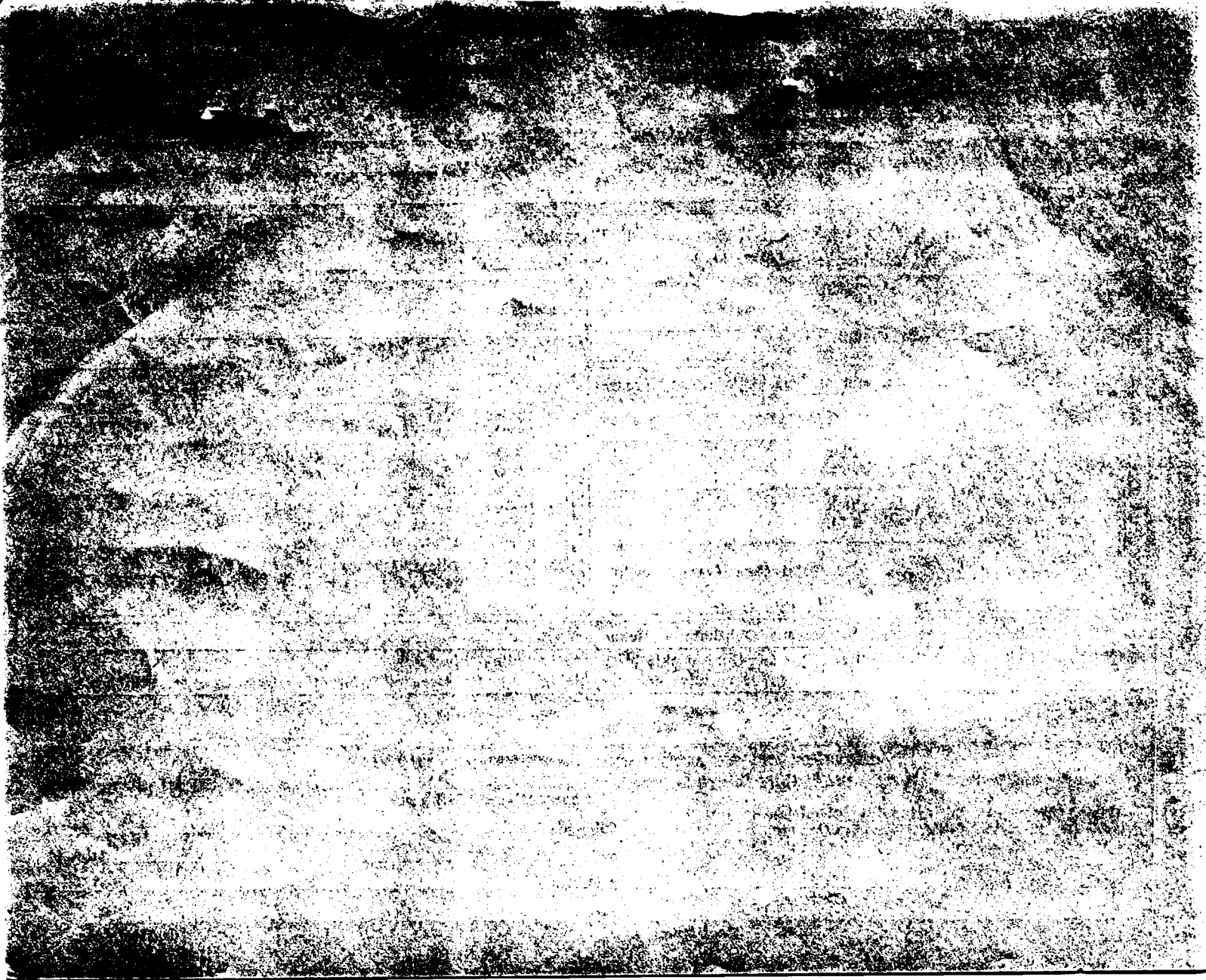
27. What prophylactic was used to prevent Ophthalmia Neonatorum? — (Skellam) —
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 40 { months or weeks 30. Cause of Stillbirth Dystocia { During labor + Before labor +

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 5:50 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) J. Harper Bulley, M. D.
or _____, Midwife
Address Reidy, Idaho
Filed Nov 10 1936 W. B. Schmitt Registrar



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

100896

State File No.

Registration District No. 98

Family Registration District No. 2176

Local Registrar's No. 52

NOV 13 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Nordstrom.

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M.	4. Color or Race White	5. Single, Married, Widowed or Divorced (write the word) Babe	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) Oct. 15, 1936			
7. AGE	Years	Months	Days
	0	0	0
If LESS than 1 day hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (mo. and yr.)		
	11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

MOTHER FATHER	13. NAME <u>Carl Arthur Nordstrom.</u>
	14. BIRTHPLACE (city or town) <u>Terryton, Idaho.</u> (State or country)
	15. MAIDEN NAME <u>Florence Agnes Hand.</u>
	16. BIRTHPLACE (city or town) <u>Roberts, Ida.</u> (State or country)
	17. INFORMANT <u>Carl Nordstrom</u> (Address) <u>Terryton, Idaho.</u>
18. BURIAL, CREMATION OR REMOVAL Place <u>Idaho Falls, Ida.</u> Date <u>10-16, 1936</u>	
19. UNDERTAKER <u>A. Beckersell</u> (Address) <u>Rigby, Idaho.</u>	
20. FILED <u>10-15-36</u> 1936 <u>A. Beckersell</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-15 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1936, to Oct. 15, 1936

I last saw him alive on, 1936: death is said to have occurred on the date stated above, at 5:45 A. m.
The principal cause of death and related causes of importance were as follows:

Stillborn -
Dystocia of labor -
Child's membranes

Other contributory causes of importance:

Date of onset

10/15/36

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1936

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Harper, M. D.

(Address) Rigby, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fortson
City of Colcord, Alaska
No. _____ St. _____

NOV 7 1936 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
248272

Registration District No. 31 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1159 Local Registrar's No. 279

2. FULL NAME OF CHILD Jos. Wm. Hegel (Stillborn)

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth 1 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct 24, 1936 (Month, Day, Year)

9. Full name FATHER John Wm. Hegel 18. Full maiden name MOTHER Pearl Reynolds

10. Residence (usual place of abode) (If non-resident, give place and State) Colcord, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Colcord, Alaska

11. Color or race White 12. Age at last birthday 41 (years) 20. Color or race White 21. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Colcord, Alaska 22. Birthplace (city or place) (State or Country) Michigan

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cutting wood 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work Nov, 1936 17. Total time (years) spent in this work Life 25. Date (month and year) last engaged in this work Oct 23, 1936 26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 10 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor before labor During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:45 P. on the date above stated.

(Born Alive or Stillborn) (Signed) F. F. Harning, M. D.

or _____ Midwife

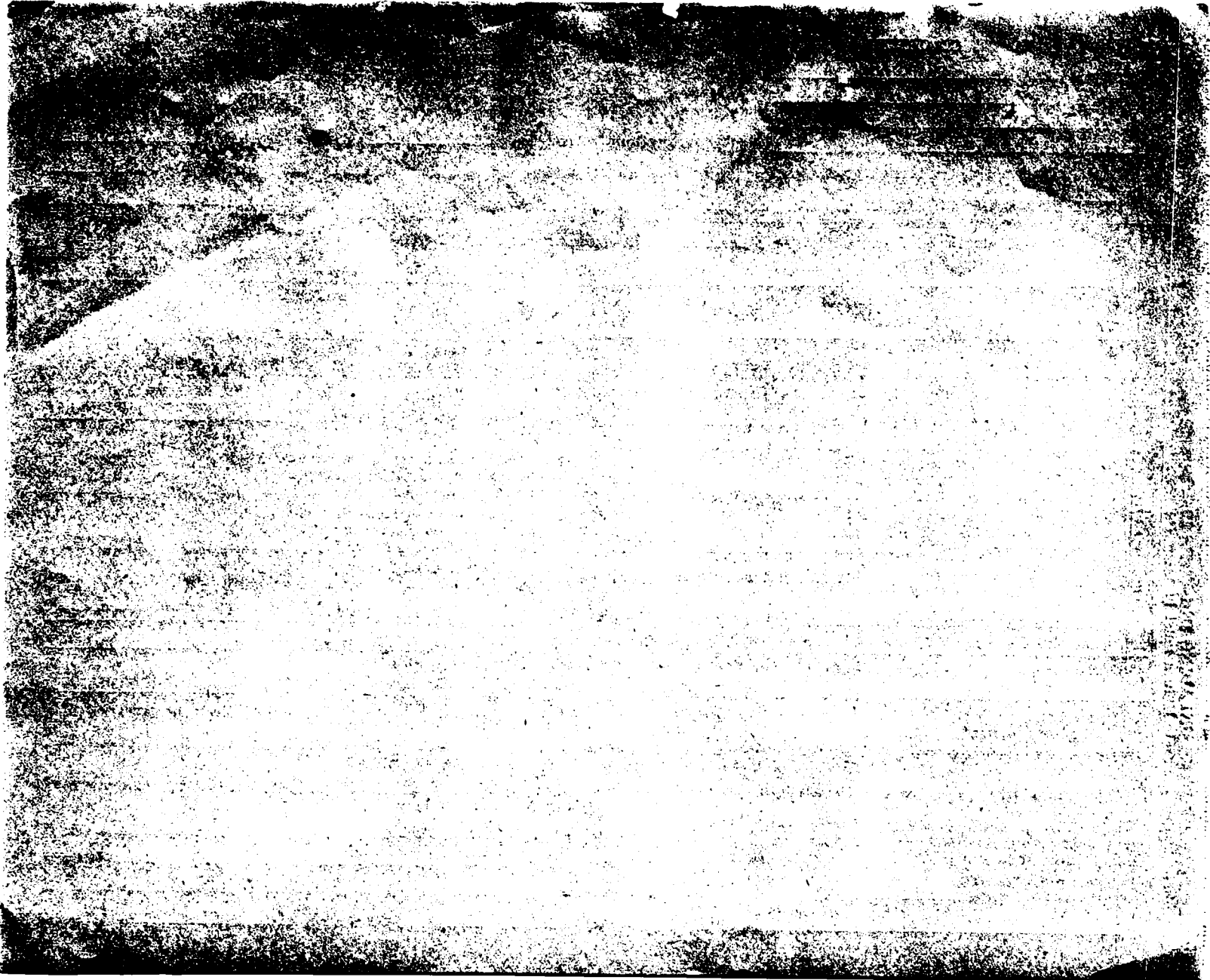
Address Colcord, Alaska

Filed Oct 31, 1936 F. F. Harning, M.D.

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 7 1936

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of *Reuben*City of *Coeur d'Alene*

CERTIFICATE OF DEATH

Registration District No. *30*Primary Registration District No. *1050*

DO NOT WRITE IN THIS SPACE

State File No. *100912*Local Registrar's No. *187*2. FULL NAME *Jas. W. Hegel*
(If death occurred in a hospital or institution, give its name instead of street and number)(a) Residence. No. *206*

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M.</i>	4. Color or Race <i>W.</i>	5. Single, Married, Widowed or Divorced (write the word) <i>single</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <i>10-24-1936</i>		
7. AGE	Years <i>0</i>	Months <i>0</i>
	Days <i>0</i>	If LESS than 1 day... hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as <i>spinner, sawyer, bookkeeper, etc.</i>	
	9. Industry or business in which work was done, as <i>silk mill, saw mill, bank, etc.</i>	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town)
(State or country) *Coeur d'Alene, Ida.*13. NAME *John W. Hegel*14. BIRTHPLACE (city or town)
(State or country) *Wash.*15. MAIDEN NAME *Pearl Reynolds*16. BIRTHPLACE (city or town)
(State or country) *Mich.*17. INFORMANT *Mrs. Pearl Hegel*
(Address) *Coeur d'Alene, Ida.*18. BURIAL, CREMATION OR REMOVAL
Place *Forest, Ida.* Date *Oct. 26, 1936*19. UNDERTAKER *Caready Funeral Home*
(Address) *Coeur d'Alene, Ida.*20. FILED *Oct. 26, 1936* *J. F. Norring, M.D.*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *10/24 1936*22. I HEREBY CERTIFY, That I attended deceased from *Stillborn*, 193... to 193....I last saw h... alive on 193... death said to have occurred on the date stated above, at *5:40 p.m.*
The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn 10/24/36
appeared to have been dead two or three days before birth

Other contributory causes of importance:

Name of operation *none* Date ofWhat test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *J. F. Norring* M. D.(Address) *Coeur d'Alene*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

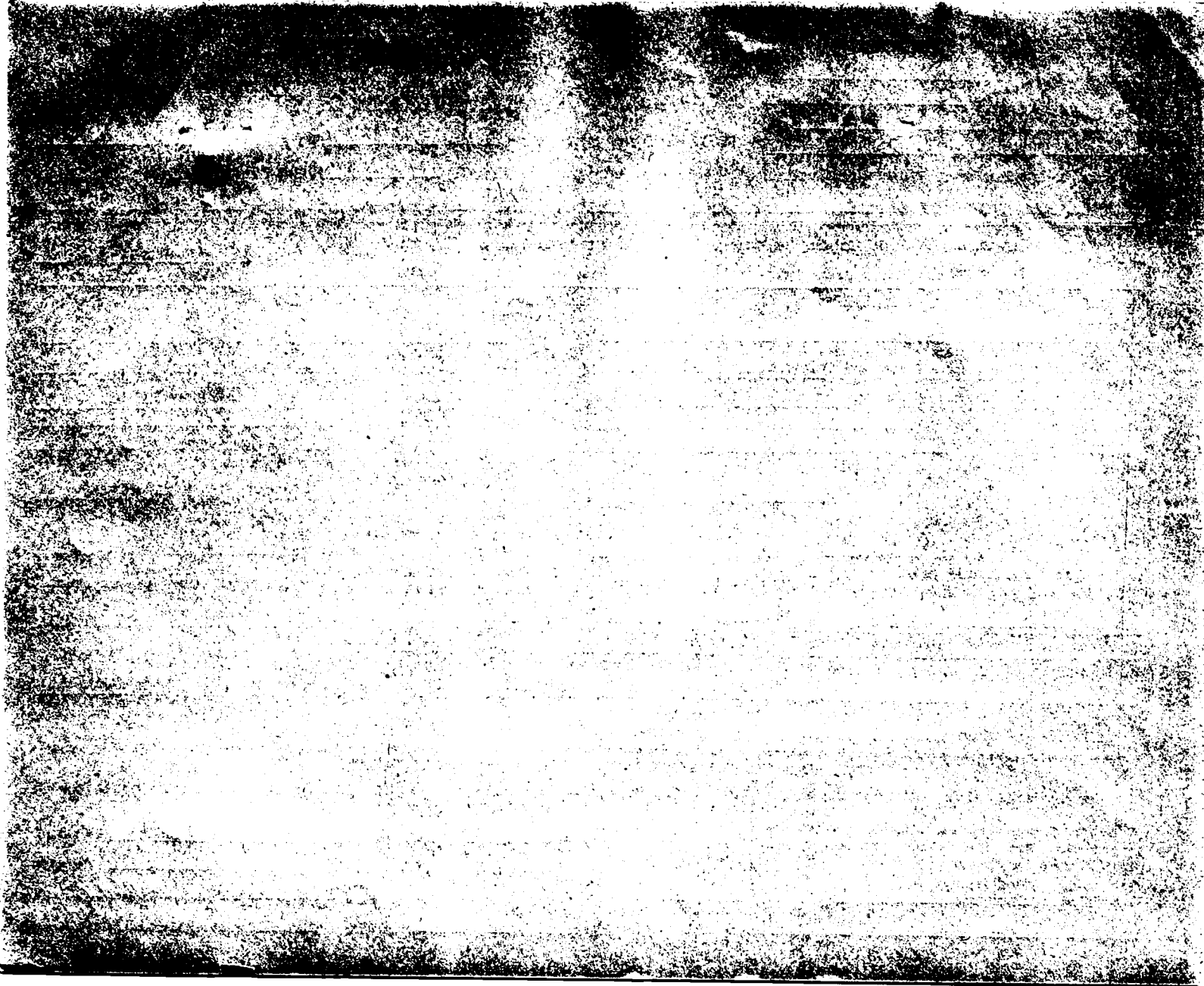
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Boone</u> City of <u>Boone</u> No. <u>2</u> St. <u></u>		NOV 7 1936 RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 248284		S	
(If born in hospital or institution give name.)		Registration District No. <u>30</u>		State File No. <u></u>	
2. FULL NAME OF CHILD <u>William Gus McCandless Jr. Stillborn</u>		Prim. Registration District No. <u>1050</u>		Local Registrar's No. <u>108A</u>	
3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other <u></u>	5. Number, in order of birth <u></u>	6. Premature <u></u>	7. Legitimate? <u>yes</u>
				8. Date of birth <u>Oct 11, 1936</u> (Month, Day, Year)	
9. Full name FATHER <u>Wm Gus McCandless</u>			18. Full name MOTHER <u>Lura Lipton</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Boone, Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Boone, Idaho</u>		
11. Color or race <u>W</u>			12. Age at last birthday <u>2 3/4</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Missouri</u>			22. Birthplace (city or place) (State or Country) <u>Colorado</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>clerk</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u></u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u></u>
	16. Date (month and year) last engaged in this work <u></u>				25. Date (month and year) last engaged in this work <u></u>
17. Total time (years) spent in this work <u></u>			26. Total time (years) spent in this work <u></u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% Silver Nitrate</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u></u> { months or weeks			30. Cause of Stillbirth { During labor <u></u> Before labor <u></u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>7 a</u> m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>W. F. Horning</u> , M. D.					
or <u></u> , Midwife					
Address <u>Boone, Idaho</u>					
Filed <u>Oct 31, 1936</u> <u>W. F. Horning, M.D.</u> Registrar.					

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
County of <u>Boisepain</u>	DO NOT WRITE IN THIS SPACE 100506		
City of <u>Coeur d'Alene</u>	State File No. _____		
Registration District No. <u>30</u>		Local Registrar's No. <u>181</u>	
Primary Registration District No. <u>1050</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>W. G. McCandless Jr.</u>			
(a) Residence. No. <u>102 - Indiana Ave.</u>			
(Usual place of abode)			
Length of residence in city or town where death occurred. <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds. (If nonresident give city or town and state)			
How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
8. SEX <u>M.</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>1936-10-11</u>			
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
	If LESS than 1 day... hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (mo. and yr.)		
	11. Total time (years) spent in this occupation		
MOTHER/FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Coeur d'Alene Idaho</u>		
	13. NAME <u>W. G. McCandless</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Lincoln Mo.</u>		
	15. MAIDEN NAME <u>Jana Tipton</u>		
16. BIRTHPLACE (city or town) (State or country) <u>G. M.</u>			
17. INFORMANT <u>William S. McCandless</u> (Address) <u>1717 6th St. E. D. B. Idaho</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>Coeur d'Alene</u> Date <u>10-12-1936</u>			
19. UNDERTAKER <u>Carroll Funeral Home</u> (Address) <u>100 Alene Idaho</u>			
20. FILED <u>Oct 12, 1936</u> <u>F. J. Hanning, M.D.</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>10-11-1936</u>			
22. I HEREBY CERTIFY, That I attended deceased from, 193...., to, 193....			
I last saw h.... alive on, 193....; death is said to have occurred on the date stated above, atm.			
The principal cause of death and related causes of importance were as follows:			
<u>asphyxia</u>			Date of onset
Other contributory causes of importance:			
<u>Dyspnea of effort</u>			
<u>compression of heart</u>			
<u>coronary artery disease</u>			
Name of operation..... Date of.....			
What test confirmed diagnosis?... Was there an autopsy?..			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193....			
Where did injury occur?..... (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury.....			
Nature of injury.....			
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....			
(Signed) <u>Spencer</u> , M. D.			
(Address) <u>Coeur d'Alene</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Franklin
City of Franklin
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature Yes 7. Legitimate? Yes 8. Date of birth Sept 3, 1936
(Month, Day, Year)

9. Full name FATHER Calmer D. Heide
10. Residence (usual place of abode) (If non-resident, give place and State) Tim Falls, Idaho
11. Color or race White 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Coltonwood, Idaho
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION

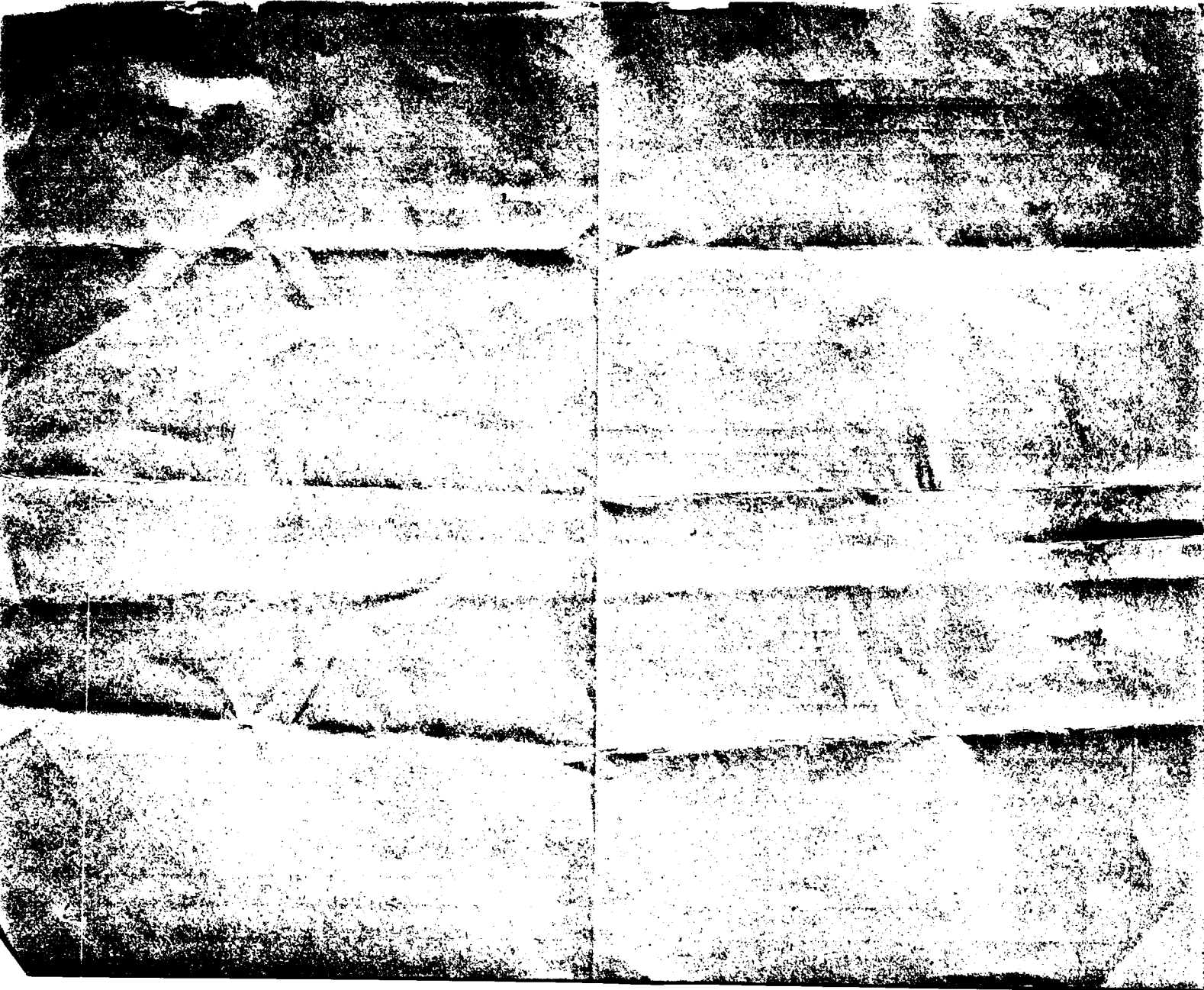
18. Full maiden name MOTHER Lillian Kate Collins
19. Residence (usual place of abode) (If non-resident, give place and State) Tim Falls, Idaho
20. Color or race White 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Chaska, South Dakota
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1
29. If stillborn, period of gestation 3 months { 3 months or weeks
30. Cause of stillbirth Not known Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 5:19 m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
(Signed) L. H. H. M. D.
or _____ Midwife
Address Franklin Idaho
Filed Sept 4, 1936 J. B. Baker Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

12420-99719 033412

PLACE OF BIRTH
County of Madison
City of Repuburg
No. 2208-1st St. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
248387

Registration District No. 100 State File No. _____

Prim. Registration District No. 2178 Local Registrar's No. 204

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ☒ 7. Legitimate? Yes 8. Date of birth Oct. 19, 1936 (Month, Day, Year)

9. Full name Edmund E. Rigby FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Prigge, Ida
11. Color or race White 12. Age at last birthday 31 (years)

18. Full maiden name Myrl Dahell MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Prigge, Ida
20. Color or race White 21. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Utah

22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 12:30 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

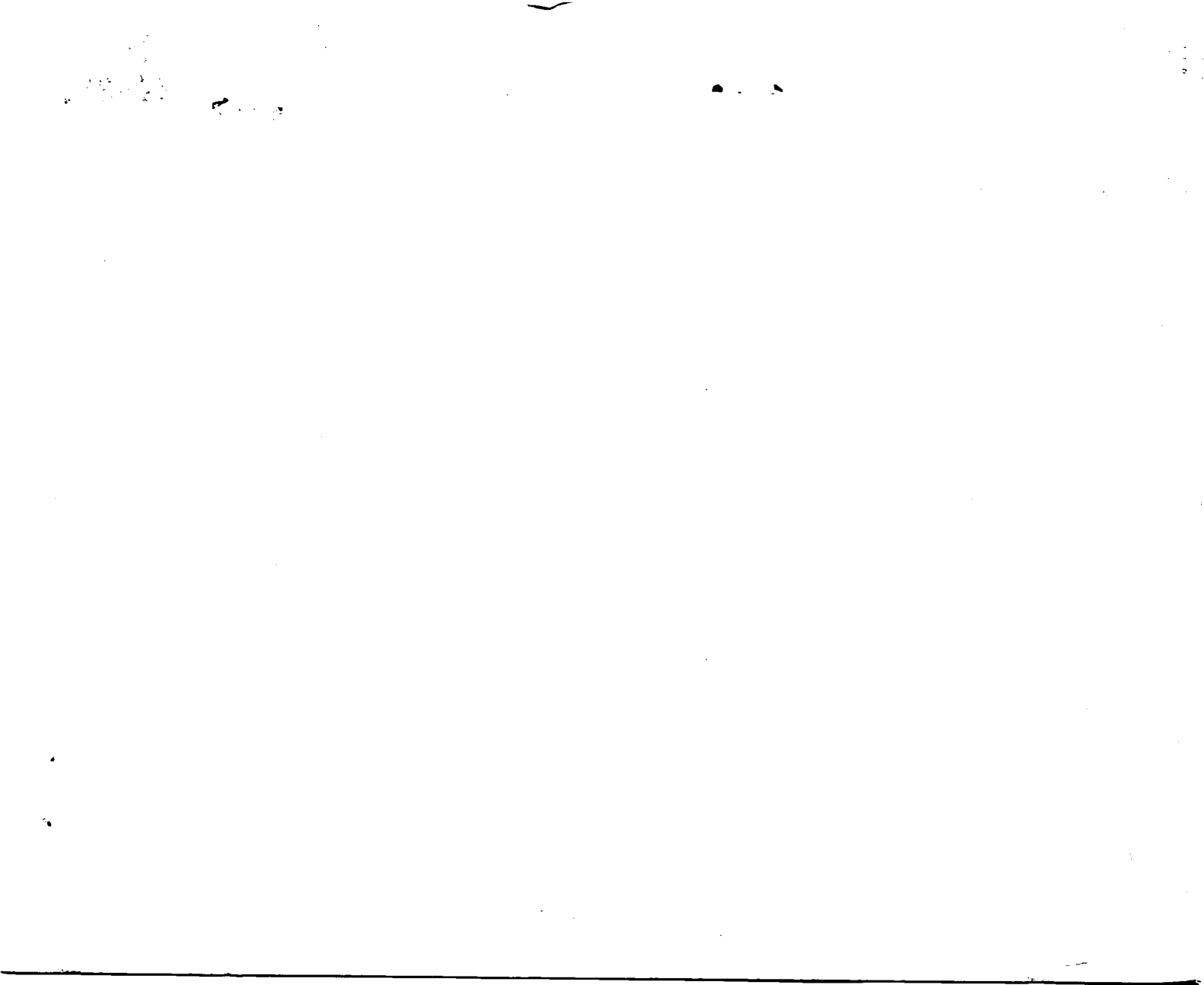
(Signed) Lorin T. Rich, M. D.

or _____, Midwife

Address Repuburg, Idaho

Filed Nov. 1, 1936 Miss H. E. Young

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison
City of Reiburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

100977

State File No. _____

Registration District No. 100
Primary Registration District No. 2178

Local Registrar's No. 65

NOV 16 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Rigby

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct. 19, 1936

7. AGE Years Months Days If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Reiburg
(State or country) Idaho13. NAME Edmond E. Rigby14. BIRTHPLACE (city or town) Utah
(State or country)15. MAIDEN NAME Myrl Pabell16. BIRTHPLACE (city or town) Idaho
(State or country)17. INFORMANT (Address) Edmond E. Rigby18. BURIAL, CREMATION, OR REMOVAL Interment Date 10-21, 193619. UNDERTAKER none
(Address)20. FILED 11-6, 1936 Wm. H. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-19-193622. I HEREBY CERTIFY, That I attended deceased from 10-19-1936 to 10-19-1936I last saw h, alive on 10-19-1936, death is saidto have occurred on the date stated above, at Reiburg.The principal cause of death and related causes of importance were as follows: Strangled Cordat full termtwo knots

Other contributory causes of importance:

Death occurred severaldays before birthName of operation findings Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Wm. H. Young, M. D.(Address) Reiburg Idaho

36

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.E.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		248418	
County of <u>Blaine</u>		NOV 4 1936		RECEIVED							
City of <u>Sweetwater</u>		Idaho		Registration District No. <u>128</u>		State File No. <u>128</u>					
(If born in hospital or institution give name)		Prim. Registration District No. <u>128</u>		Local Registrar's No. <u>128</u>							
2. FULL NAME OF CHILD <u>Joseph Carroll Switzler</u>											
3. Sex <u>Male</u>		If plural births <u>4</u>		4. Twin, triplet, or other <u>5</u>		6. Premature <u>X</u>		7. Legitimate? <u>yes</u>		8. Date of birth <u>8-8-1936</u> (Month, Day, Year)	
9. Full name <u>Charles Switzler</u>		FATHER		18. Full maiden name <u>Lydia Switzler</u>		MOTHER					
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sweetwater Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sweetwater Idaho</u>									
11. Color or race <u>Indian</u>		12. Age at last birthday <u>52</u> (years)		20. Color or race <u>Indian</u>		21. Age at last birthday <u>40</u> (years)					
13. Birthplace (city or place) (State or Country) <u>Endleton Oregon</u>		22. Birthplace (city or place) (State or Country) <u>Sweetwater Idaho</u>									
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>									
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u></u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u></u>									
16. Date (month and year) last engaged in this work <u>19</u>		17. Total time (years) spent in this work <u>19</u>		25. Date (month and year) last engaged in this work <u>19</u>		26. Total time (years) spent in this work <u>19</u>					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>5</u>											
28. Number of children of this mother (At time of this birth and including this child) <u>5</u> (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>7</u> (c) Stillborn <u>1</u>											
29. If stillborn, period of gestation <u>3</u> months or weeks		30. Cause of Stillbirth <u>large child</u> <u>prolonged labor</u>		Before labor <u>7</u>		During labor <u>yes</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 9:55-											
I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>2</u> a.m. on the date above stated. (Born Alive or Stillborn)											
(Signed) <u>George Gagnard</u> M. D.											
or <u>Buldesay Idaho</u> Midwife											
Address <u>George Gagnard No 2</u>											
Filed <u>August</u> 193 <u>6</u> <u>By J. L. G.</u> Registrar.											



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <i>Niz Perce</i>	City of <i>Sweetwater</i>	CERTIFICATE OF DEATH		State File No. <i>100989</i>	
Registration District No. <i>128</i>		Local Registrar's No. <i>706</i>			
NOV 4 1936 RECEIVED					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <i>Joseph Darrell Switzler</i>					
(a) Residence. No. <i>St.</i>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>	4. Color or Race <i>Indian 3/4</i>	5. Single, Married, Widowed or Divorced (write the word) <i>—</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>8-</i>					
6. DATE OF BIRTH (month, day, and year) <i>8-8-1936</i>					
7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.	
8. Trade, profession, or particular kind of work done, as <i>spinner, sawyer, bookkeeper, etc.</i>					
9. Industry or business in which work was done, as <i>silk mill, saw mill, bank, etc.</i>					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <i>Sweetwater</i> (State or country) <i>Idaho</i>					
13. NAME <i>Charles Switzler</i>					
14. BIRTHPLACE (city or town) <i>Endleton</i> (State or country) <i>Oregon</i>					
15. MAIDEN NAME <i>Lydia Henry</i>					
16. BIRTHPLACE (city or town) <i>Sweetwater</i> (State or country) <i>Idaho</i>					
17. INFORMANT <i>Mrs Charles Switzler</i> (Address) <i>Sweetwater Idaho</i>					
18. BURIAL, CREMATION OR REMOVAL Place <i>Sweetwater Idaho</i> Date <i>8-8-1936</i>					
19. UNDERTAKER <i>Hamilton</i> (Address)					
20. FILED <i>8-8-1936</i> <i>George G. Ginnard</i> Registrar. <i>Idaho</i>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <i>8-8-1936</i>					
22. I HEREBY CERTIFY, That I attended deceased from 193.... to 193....					
I last saw him alive on 193....; death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
<i>Stillbirth</i>					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?.... Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.. 193..					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) <i>George G. Ginnard</i> M. D. (Address) <i>Endleton Idaho</i>					

UNITED STATES-STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

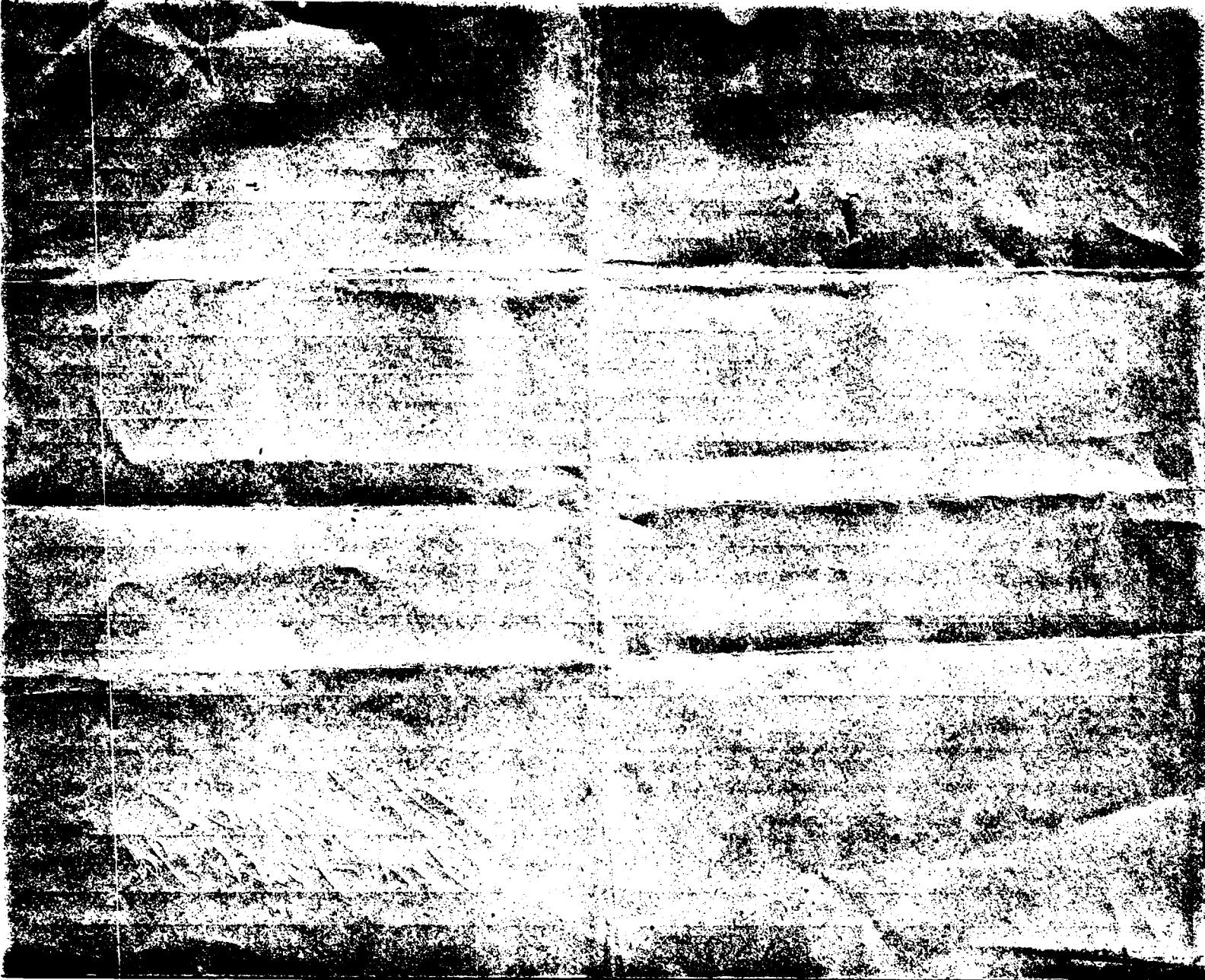
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		OCT 14 1936 RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		248469	
County of <u>Power</u>		City of <u>American Falls</u>		No. <u>Schultz Memorial Hospital</u> St.		Registration District No. <u>25</u>		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2072</u>		Local Registrar's No. <u>190</u>					
2. FULL NAME OF CHILD <u>Stella Marie Ringe</u>									
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature <u>YES</u> Full term _____		7. Legitimate? <u>Yes</u>		8. Date of birth <u>9-24</u> , 193 <u>6</u> (Month, Day, Year)	
9. Full name FATHER <u>Rudolph Carl Ringe</u>					18. Full maiden name MOTHER <u>Melba Mae Schwarz</u>				
10. Residence (usual place of abode) (If non-resident, give place and State) <u>American Falls</u>					19. Residence (usual place of abode) (If non-resident, give place and State) <u>American Falls</u>				
11. Color or race <u>W</u> 12. Age at last birthday <u>26</u> (years)					20. Color or race <u>W</u> 21. Age at last birthday <u>24</u> (years)				
13. Birthplace (city or place) <u>Pen dleton Ore.</u> (State or Country)					22. Birthplace (city or place) <u>Ame rican Falls, Ida.</u> (State or Country)				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cigar Store</u>					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____				
16. Date (month and year) last engaged in this work <u>Now</u> , 193 <u>6</u>					17. Total time (years) spent in this work <u>1 1/2</u> Yrs				
25. Date (month and year) last engaged in this work <u>9-20</u> , 193 <u>6</u>					26. Total time (years) spent in this work <u>6-Yr s</u>				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____									
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>None</u> (b) Born alive but now dead <u>One</u> (c) Stillborn <u>4</u>									
29. If stillborn, period of gestation <u>26-Weeks</u> { months or weeks									
30. Cause of Stillbirth <u>Diab etis Mellitus</u> { During labor _____ Before labor _____									
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE									
I hereby certify that I attended the birth of this child, who was <u>Still Born</u> at <u>P.P.M.</u> on the date above stated. (Born Alive or Stillborn)									
When there was no attending physician or midwife, then the father, householder, etc., should make this return.									
Give name added from a supplemental report _____									
(Date of) _____									
Registrar. <u>Oct. 9 - 1936 Gertrude Thornhill</u>									



MARGIN RESERVED FOR BINDING
N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		102560	
County of <u>Power</u>		Registration District No. <u>25</u>		State File No.	
City of <u>Am Falls</u>		Primary Registration District No. <u>2072</u>		Local Registrar's No. <u>3</u>	
(No. <u>Schultz New Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Thinga infant stillborn.</u>		(a) Residence. No. St.		(If nonresident give city or town and state)	
(Usual place of abode)		Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>stillborn</u>	21. DATE OF DEATH (month, day and year) 193 <u>Sept 24</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from 193....., to <u>Sept 24</u>, 193. <u>6</u>		
6. DATE OF BIRTH (month, day, and year) <u>Sept 24 1936</u>			I last saw h.... alive on 193.... death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:		
7. AGE Years Months Days If LESS than 1 day... hrs. or min.			Date of onset		
8. Trade, profession, or particular kind of work done, as <u>sawyer, bookkeeper, etc.</u>			Other contributory causes of importance:		
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>			26 weeks.		
10. Date deceased last worked at this occupation (mo. and yr.)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Am Falls Ida.</u>			Name of operation..... Date of.....		
13. NAME <u>R. Ringe</u>			What test confirmed diagnosis?.... Was there an autopsy?..		
14. BIRTHPLACE (city or town) (State or country) <u>Am Falls Idaho - Power</u>			23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..., 193.		
15. MAIDEN NAME <u>Melba Schurz</u>			Where did injury occur?..... (Specify city or town, county, and state)		
16. BIRTHPLACE (city or town) (State or country) <u>Am Falls Idaho - Power</u>			Specify whether injury occurred in industry, in home, or in public place.		
17. INFORMANT <u>R. Ringe</u> (Address) <u>Am Falls, Ida</u>			Manner of injury.....		
18. BURIAL, CREMATION OR REMOVAL Place <u>D.O.O.F. Cemetery</u> Date <u>9-24, 1936</u>			Nature of injury.....		
19. UNDERTAKER <u>Friends</u> (Address)			24. Was disease or injury in any way related to occupation of deceased?..... If so, specify		
20. FILED <u>1-20, 1937</u> <u>Gertrude Thornhill</u> Registrar			(Signed) <u>W. E. Farrell</u> M. D. (Address) <u>Am Falls Ida</u>		

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset:

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

395-217040769

1. PLACE OF BIRTH

County of Shoshone City of Wallace
No. 10 St. Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
248504

Registration District No. 70 State File No. 57
(If born in hospital or institution give name.) Prim. Registration District No. 1011 Local Registrar's No. 57

2. FULL NAME OF CHILD

Bertrude Linticman

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ✓ 7. Legitimate? ✓ 8. Date of birth 10-17, 1936 (Month, Day, Year)

9. Full name Joseph Linticman • FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Hillsville, Va.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mine
16. Date (month and year) last engaged in this work Nov, 1936 17. Total time (years) spent in this work 10 yrs

18. Full maiden name Josephine Jordan MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race White 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) Spain, Mo.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work 10-14, 1936 26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation _____ { months or weeks 9 mo 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:20 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

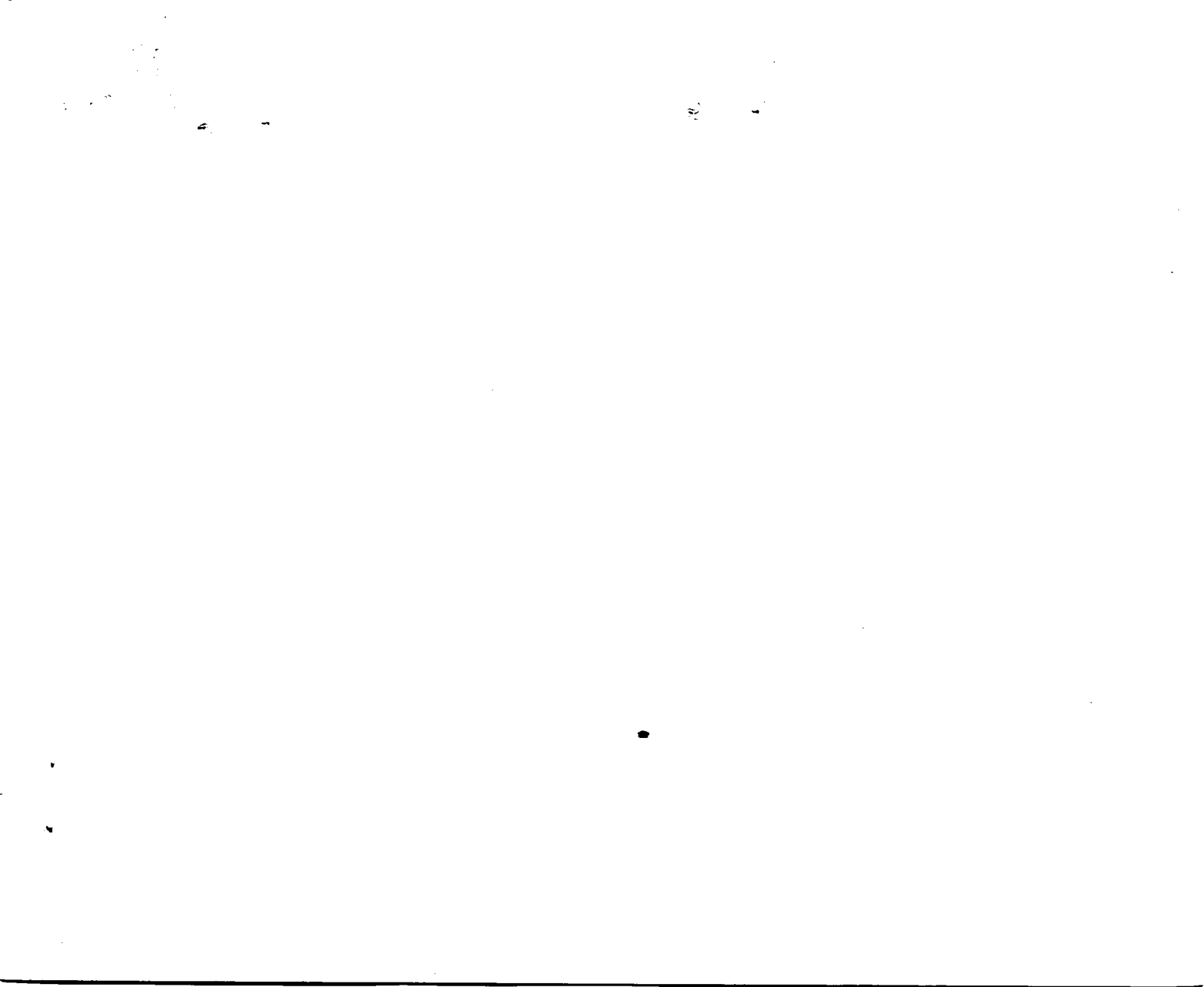
(Signed) James Lee, M. D.

or _____, Midwife

Address Wallace, Idaho

Filed Oct 21, 1936 John Beow

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101037

NOV 15 1936 RECEIVED

Registration District No. 70Sub-registration District No. 1011(No. Wallace Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 552. FULL NAME Fortitude J. Linticum(a) Residence. No. Wallace Ida. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Oct 17-36</u>		
7. AGE	Years <u>0</u>	Months <u>0</u>
	Days <u>0</u>	If LESS than 1 day ____ hrs. or ____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Wallace Idaho
(State or country)13. NAME Jacob Linticum14. BIRTHPLACE (city or town) Virginia
(State or country)15. MAIDEN NAME Josephine Gordon16. BIRTHPLACE (city or town) Missouri
(State or country)17. INFORMANT Jacob Linticum
(Address) Wallace Ida.18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date Oct 20, 193619. UNDERTAKER A. B. Bower
(Address) Wallace Ida20. FILED Oct 19, 1936 John Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 17 193622. I HEREBY CERTIFY, That I attended deceased from
Oct 16, 1936, to Oct 17, 1936

I last saw h. alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn
Prolonged labor
Date of onset Oct 14-36

Other contributory causes of importance:

Name of operation Stillborn Date of _____What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
(If so, specify _____)(Signed) Pauline M. D.(Address) Wallace Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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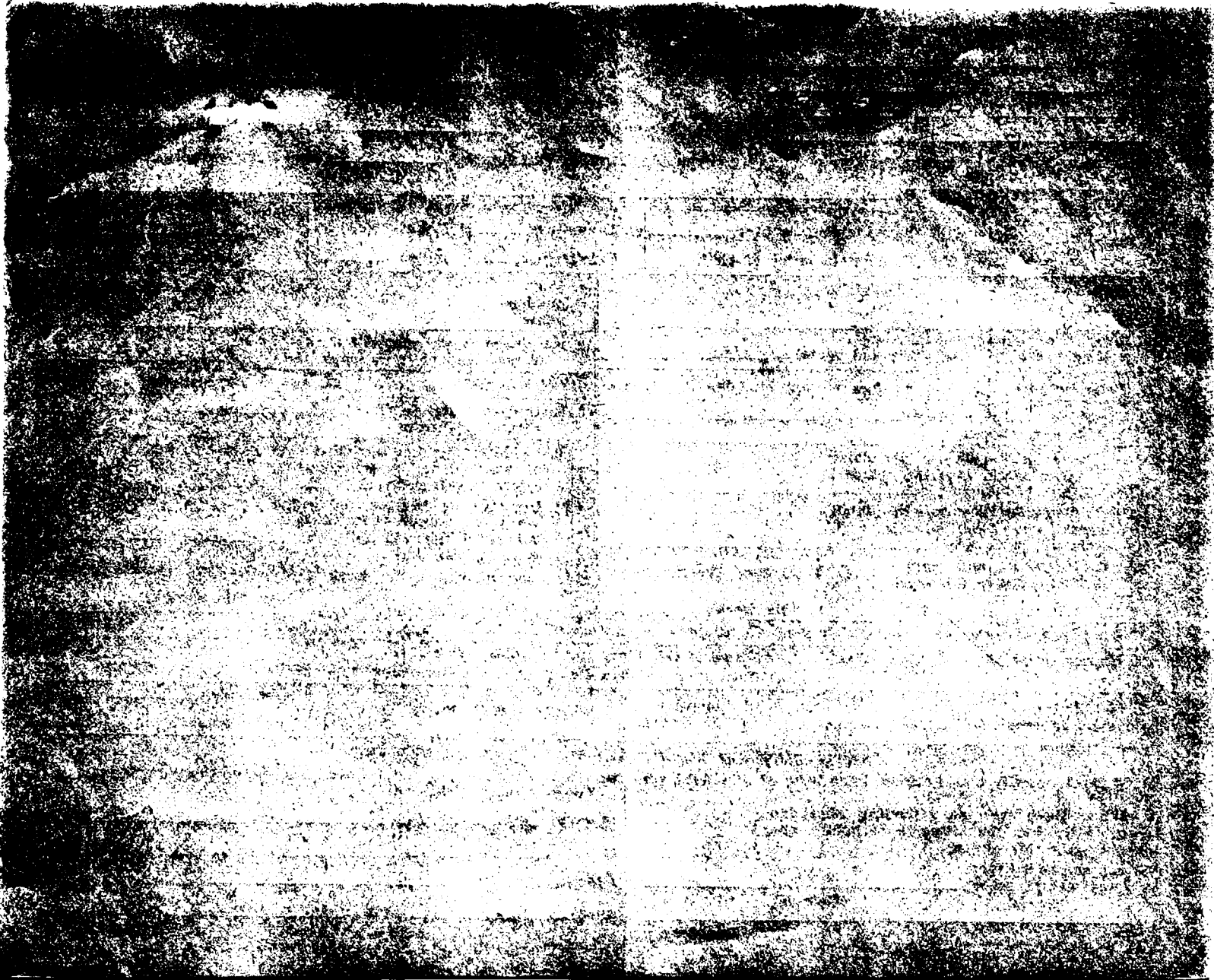
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WRITE PLAINLY IN FADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S	
County of <u>Shoshone</u>		NOV 12 1936 RECEIVED		CERTIFICATE OF BIRTH	
City of <u>Ballou</u>		Registration District No. <u>123</u>		State File No. <u>248515</u>	
No. <u>Wardner Hospital</u> St.		Prim. Registration District No. <u>220</u>		Local Registrar's No. <u>110</u>	
(If born in hospital or institution give name.) <u>Baby Brown</u> <u>Stillborn</u>					
2. FULL NAME OF CHILD					
3. Sex <u>Male</u>		4. Twin, triplet, or other births		5. Number, in order of birth	
6. Premature		7. Legitimate? <u>yes</u>		8. Date of birth <u>October 28, 1936</u> (Month, Day, Year)	
9. Full name FATHER <u>Brown Wilbur C.</u>			18. Full maiden name MOTHER <u>Veentjer, Hubertina</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wardner, Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wardner, Ida.</u>		
11. Color or race <u>W</u>			12. Age at last birthday <u>31</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Wardner, Idaho</u>			20. Color or race <u>W</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			21. Age at last birthday <u>20</u> (years)		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>laborer</u>			22. Birthplace (city or place) (State or Country) <u>Holland</u>		
16. Date (month and year) last engaged in this work			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		
17. Total time (years) spent in this work			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>		
18. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
19. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% Silver Nitrate</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>X</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>full time</u> { months or weeks					
30. Cause of Stillbirth { Before labor. During labor <u>difficult labor</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>1:25 P</u> m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>Harold T. Anderson</u> , M. D.					
or _____, Midwife					
Address _____					
Filed <u>Nov 10</u> , 1936 <u>Mr. Helen B. Zwick</u> Registrar. Registrar.					



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone
City of Ketchikan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101043Registration District No. 123Primary Registration District No. 2201Local Registrar's No. 66

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) -

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct. 28, 1936

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ketchikan Alaska13. NAME Wilbur Brown

14. BIRTHPLACE (city or town) (State or country)

Ketchikan Alaska15. MAIDEN NAME Herbertine Tuntyn

16. BIRTHPLACE (city or town) (State or country)

Holland

17. INFORMANT (Address)

Wilbur Brown Ketchikan Alaska

18. BURIAL, CREMATION OR REMOVAL

Place Ketchikan Date Oct. 29, 1936

19. UNDERTAKER (Address)

R. L. Jones Ketchikan20. FILED Nov. 10, 1936Miss Helen McBride

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from

_____, 193____, to _____, 193____

I last saw him alive on _____, 193____

to have occurred on the date stated above, at 1:25 P.M.

The principal cause of death and related causes of importance were as follows:

Heart

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) Harold T. Anderson M. D.(Address) Ketchikan Alaska

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:
Gallstones May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:
Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. Wardner Hospital St.
(If born in hospital or institution give name.)

NOV 12 1936

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
248516

Registration District No. 123 State File No. _____
Prim. Registration District No. 2201 Local Registrar's No. 111

2. FULL NAME OF CHILD Stillborn

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct. 30 1936
(Month, Day, Year)

9. Full name FATHER McDougal Stanley William
10. Residence (usual place of abode) Kellogg, Idaho
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Wardner, Idaho
(State or Country)

18. Full maiden name MOTHER Cox, Margaret Ellen
19. Residence (usual place of abode) Kellogg, Idaho
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 32 (years)
22. Birthplace (city or place) Kendrick, Idaho
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine Supt.
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation full time { months or weeks _____ 30. Cause of Stillbirth _____
{ Before labor _____ During labor difficult labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4:50 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Harold Anderson, M. D.

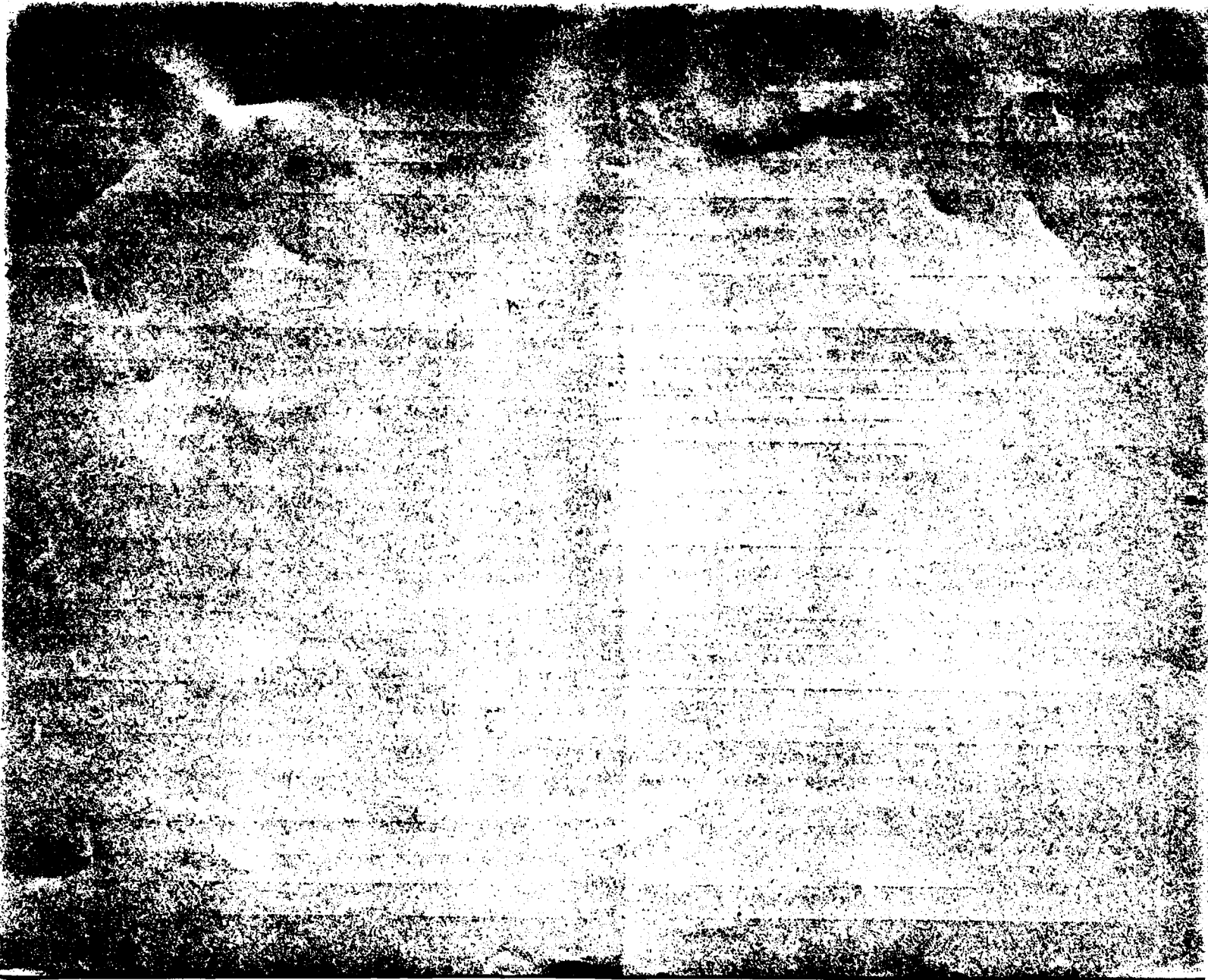
or _____, Midwife

Address _____

Filed Nov. 10, 1936 Miss Helen M. Gaid

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of ShoshoneCity of Kellogg

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101045Registration District No. 123Primary Registration District No. 2201Local Registrar's No. 68

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby McDargale

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 30 - 1936

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Kellogg, Ida (State or country)13. NAME Stanley McDargale14. BIRTHPLACE (city or town) Kellogg, Ida (State or country)15. MAIDEN NAME Marguerite Cox16. BIRTHPLACE (city or town) Kellogg, Ida (State or country)17. INFORMANT Stanley McDargale (Address) Kellogg, Ida18. BURIAL, CREMATION OR REMOVAL Place Kellogg, Ida Date Oct 31, 193619. UNDERTAKER P. L. Stuyk (Address) Kellogg, Ida20. FILED Nov 10, 1936 Kellogg, Ida

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h_____ alive on _____, 193____; death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Harold T. Anderson, M. D.(Address) Kellogg, Idaho

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1.- PLACE OF BIRTH
County of Lincoln
City of Lincoln
No. As Hospital St. _____

NOV 16 1936 RECEIVED
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S48598**

Registration District No. _____ State File No. _____
Prim. Registration District No. 2015 Local Registrar's No. 597

2. FULL NAME OF CHILD Baley Bay Fram

3. Sex Male
If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____

6. Premature _____ Full term X
7. Legitimate? Yes

8. Date of birth 10/2, 1936
(Month, Day, Year)

9. Full name Mr Bert Eugene FATHER
10. Residence (usual place of abode) Eugene
(If non-resident, give place and State) Illinois

11. Color or race W 12. Age at last birthday 37 (years)
13. Birthplace (city or place) Illinois
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. umber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

18. Full maiden name Mrs Bert Eugene MOTHER Sweetland
19. Residence (usual place of abode) Eugene
(If non-resident, give place and State) Illinois

20. Color or race W 21. Age at last birthday 36 (years)
22. Birthplace (city or place) Illinois
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation 9 months or weeks _____

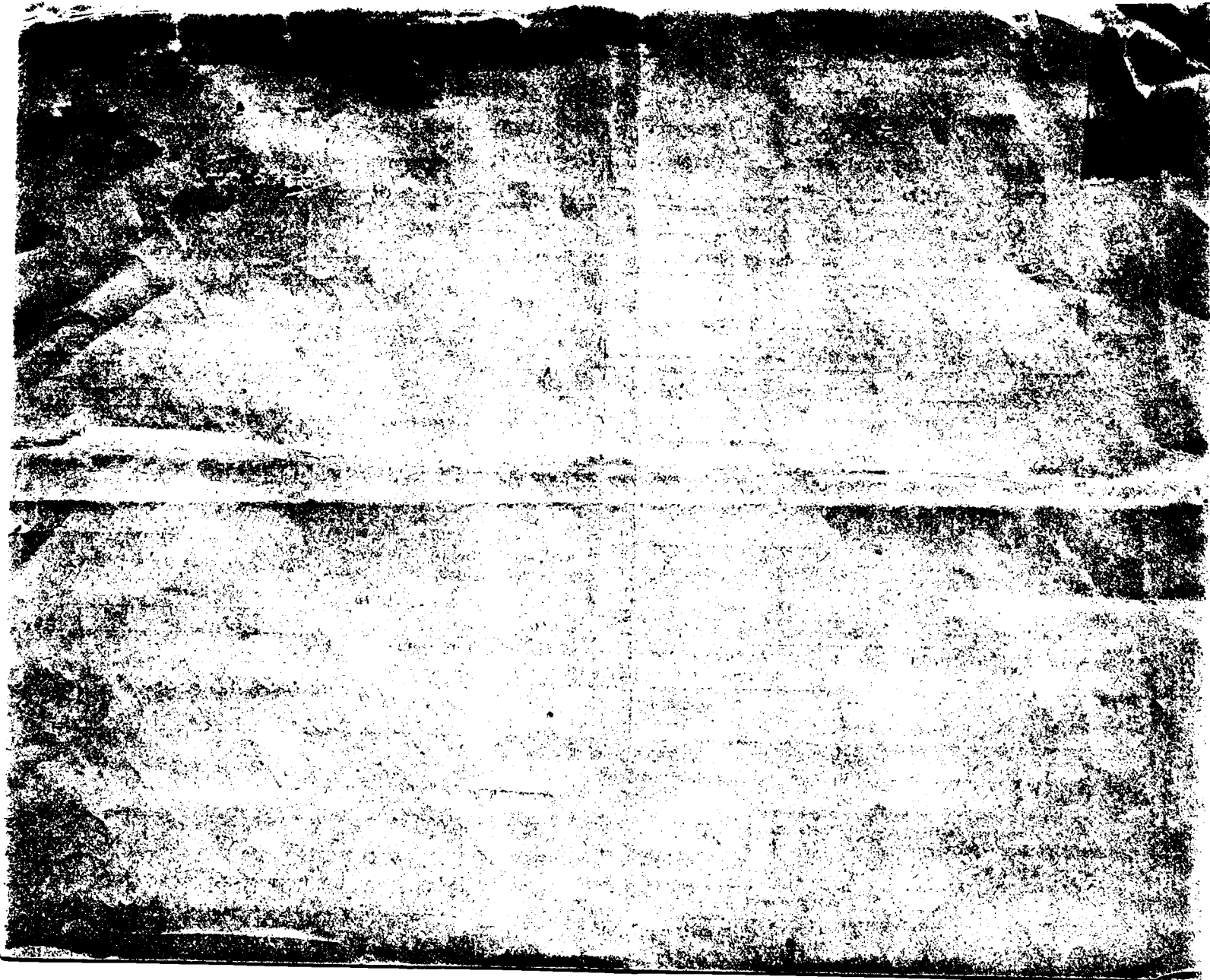
30. Cause of Stillbirth Keenly before labor before labor _____ during labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born _____ or Stillborn)
(Signed) John F. Quacken, M. D.
or _____, Midwife
Address _____
Filed 11-13, 1936

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

NOV 1 1936 RECEIVED

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

101049

State File No.

Registration District No.

37

Primary Registration District No.

2085

Local Registrar's No.

221

(No. Twin Falls Co. Gen'l Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

Bely Frame

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, and year)

10/2/1936

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, Ida.
(State or country)

13. NAME Benjamin F. Frame

14. BIRTHPLACE (city or town) Ill.
(State or country)

15. MAIDEN NAME Cathrine T. Sweetland

16. BIRTHPLACE (city or town) Chicago, Ill
(State or country)

17. INFORMANT B. F. Frame
(Address) Hagerman, Ida.

18. ~~XXXXX~~ CREMATION OR REMOVAL
Place Portland, Ore Date 10/7/36

19. UNDERTAKER Wm. J. Shuman
(Address) Buhl, Ida.

20. FILED 10-2-36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-2-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-2-1936 to 10-2-1936

I last saw him alive on 10-2-1936; death is said to have occurred on the date stated above, at 8:10 m.

The principal cause of death and related causes of importance were as follows:

Emphysema, of mother two hours previous to delivery by Caesarian section
Other contributory causes of importance:
Still born

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury, 193.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease of injury in any way related to occupation of deceased?..... If so, specify.....

(Signed)

(Address)

Wm. J. Shuman
Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ceda.
City of Boise Ida.
No. 9 St.
9 9 9
(If born in hospital or institution give name.)

DEC 9 1936 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S248710

Registration District No. 2 State File No. _____
Prim. Registration District No. 1004 Local Registrar's No. 731

2. FULL NAME OF CHILD

Baby Richard - Stillborn

3. Sex M. If plural births { 4. Twin, triplet, or other. _____ 6. Premature Yes 7. Legiti- 8. Date of
mate? No. birth 10-17- 1936
(Month, Day, Year)

9. Full name FATHER Charles D. Hudson 18. Full maiden name MOTHER Mary Rycka

10. Residence (usual place of abode) Rt 3 Boise 19. Residence (usual place of abode) Rt 3 Boise
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 35 (years) 20. Color or race W. 21. Age at last birthday 31 (years)

13. Birthplace (city or place) Washington 22. Birthplace (city or place) Europe
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeping

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Government 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work To date, 1936 17. Total time (years) spent in this work 1 yr. 25. Date (month and year) last engaged in this work To date, 1936 26. Total time (years) spent in this work 13 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living. 3 (b) Born alive but now dead. 1 (c) Stillborn 9

29. If stillborn, period of gestation 7 mos. { months or weeks 30. Cause of stillbirth Before labor 7 mos.
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:25 p.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Henry T. Nokes, M. D.

or _____, Midwife

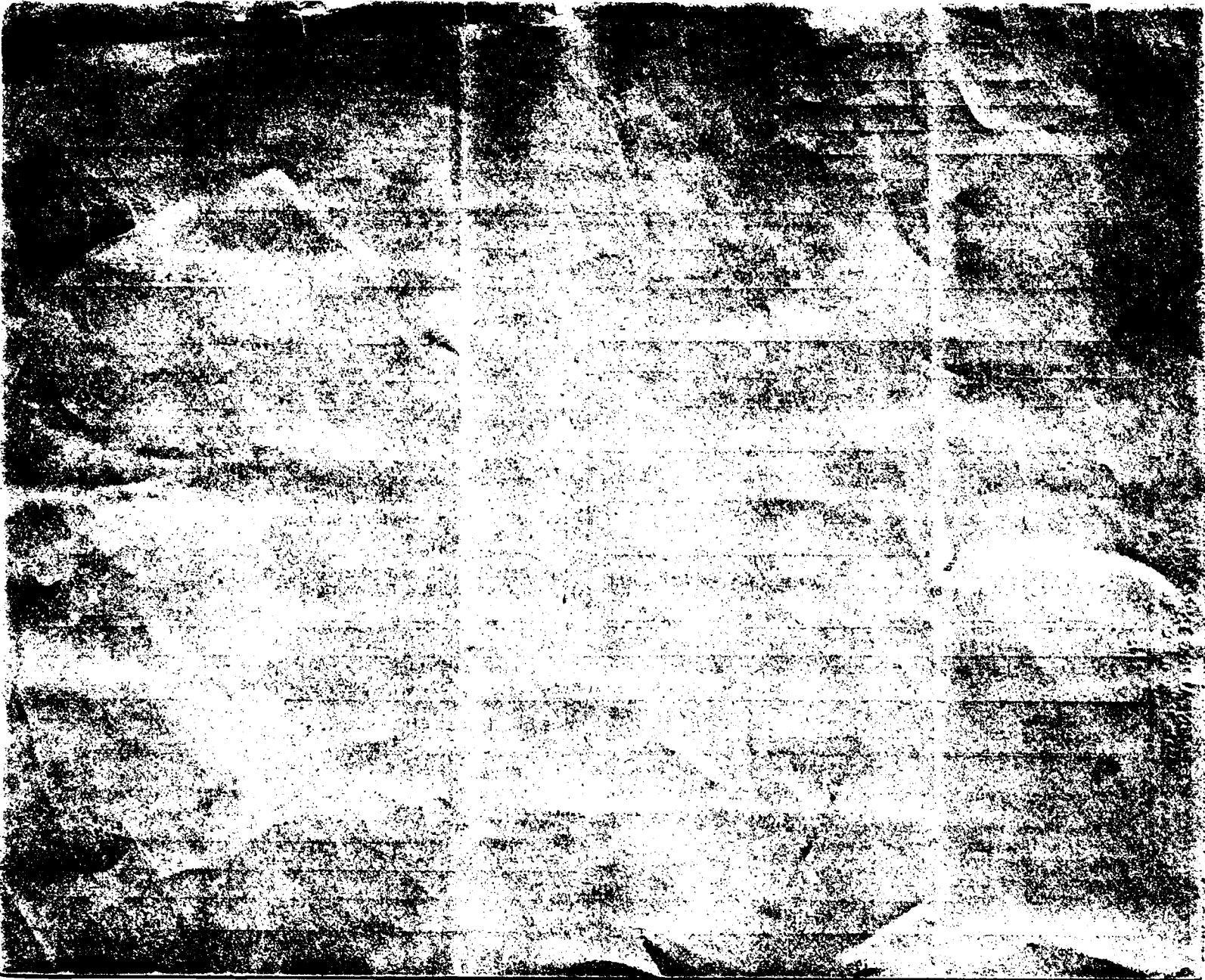
Address _____

Filed 11-5, 1936 R. Sharp

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from supplemental report _____
(Date of) _____



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Tulsa
No. 1518 Colo. St.

NOV 13 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 248763

Registration District No. 2 State File No. 785
Prim. Registration District No. 1004 Local Registrar's No. 785

2. FULL NAME OF CHILD

Shillbarn 1 Baby Male

3. Sex M If plural births { 4. Twin, triplet, or other — 6. Premature — 7. Legitimate? yes 8. Date of birth 11-12, 1936
(Month, Day, Year)

9. Full name FATHER Glen Melf 18. Full maiden name MOTHER Pearl Jennings
10. Residence (usual place of abode) 1518 Colorado 19. Residence (usual place of abode) Tulsa
(If non-resident, give place and State) Oklahoma (If non-resident, give place and State)

11. Color or race N 12. Age at last birthday 35 (years) 20. Color or race N 21. Age at last birthday 37 (years)
13. Birthplace (city or place) Kansas 22. Birthplace (city or place) Texas
(State or Country) (State or Country)

OCCUPATION	FATHER	OCCUPATION	MOTHER
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Plasterer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Hom.</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None - Baby born dead
28. Number of children of this mother 5 (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation Full Term { months or weeks { 30. Cause of stillbirth Placental separation Before labor —
Short Cord - 4 turns around neck During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Shillbarn at 8A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) M. Callaway, M. D.

or _____, Midwife

Address Tulsa, Oklahoma

Filed 11-16, 1936 R. Sharp

Registrar.

Registrar.

NOT 12 1936
UNSUBSCRIBE OF BIRTH

Registration No. _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

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Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

Place of Birth _____

BE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Expert statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of AdaCity of Boise

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101139Registration District No. 2Primary Registration District No. 1004(No. 1518 Colorado)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Baby Glenn Wolf(a) Residence. No. 1518 Colorado

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 11-13-367. AGE Years Still Months Born Days Born If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Boise, Ida
(State or country)13. NAME Glenn Wolf14. BIRTHPLACE (city or town) Russell
(State or country)15. MAIDEN NAME Paul Jennings16. BIRTHPLACE (city or town) Texas
(State or country)17. INFORMANT Glenn Wolf
(Address) Boise18. BURIAL, CREMATION OR REMOVAL Ada on Pl
Place Morris Hill Date 11-13, 193619. UNDERTAKER Schreiber & M. Larson
(Address) Boise, Ida20. FILED 11-13, 1936 Registrar. Sharp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-13-193622. I HEREBY CERTIFY, That I attended deceased from 11-13, 1936, to 11-13, 1936I last saw him alive on Stillborn, 1936: death is said to have occurred on the date stated above, at 8:30 A m. The principal cause of death and related causes of importance were as follows:Stillbirth
Other contributory causes of importance:
Cord & lines around neck - too short. Probably a premature separation of placenta

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) M. McClary, M. D.(Address) Boise

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation, return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Ada</u> City of <u>Boise</u> No. <u>St. Lukes Hosp.</u> St. (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH DEC 9 1936 RECEIVED S 248787	
2. FULL NAME OF CHILD <u>Stillborn Applegate</u>		Registration District No. <u>2</u> State File No. _____ Prim. Registration District No. <u>1004</u> Local Registrar's No. <u>810</u>	
3. Sex <u>M.</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>Nov 7, 1936</u> (Month, Day, Year)			
9. Full name FATHER <u>Frank Applegate</u>		18. Full maiden name MOTHER <u>Marie Ries</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Cascade, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Cascade, Idaho</u>	
11. Color or race <u>W.</u> 12. Age at last birthday _____ (years)		20. Color or race <u>W.</u> 21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) (State or Country) <u>South Dakota</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Mechanic</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Hu.</u>
	16. Date (month and year) last engaged in this work _____ 19____		25. Date (month and year) last engaged in this work _____ 19____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Blepharitis</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>Full time</u> { months or weeks		30. Cause of stillbirth <u>Face presentation, prolonged labor</u> { Before labor During labor <u>✓</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>8:15 a.m.</u> on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____		(Signed) <u>A. J. Coats,</u> M. D. or _____, Midwife Address <u>Boise, Idaho</u> Filed <u>11-28-36</u> 193____ <u>E. Sharp</u> Registrar.	
Registrar.		Registrar.	

1970

1970

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

101122

State File No. _____

Registration District No. 2Primary Registration District No. 1004(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 3642. FULL NAME Infant Applegate(a) Residence. No. Emmett, Idaho

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 7, 1936

7. AGE Years Months Days If LESS than
No No No 1 day ____ hrs.
or ____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

MOTHER FATHER 13. NAME Frank Applegate
14. BIRTHPLACE (city or town) Erwin
(State or country) South Dakota

15. MAIDEN NAME Marie Ries
16. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

17. INFORMANT Frank Applegate
(Address) Emmett, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Emmett, Idaho Date 11/8/, 1936

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 11-10, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from

Still born 1936I last saw him alive on _____, 1936: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still born

Other contributory causes of importance:

Large head
mother's toxemia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) _____

(Address) _____

R. SharpBoise

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

165 128 006 295

PLACE OF BIRTH

DEC 8

1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
248905

County of Bingham
City of Blackfoot
No. Beck Hospital St. 1

Registration District No. 121 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1007 Local Registrar's No. 351

2. FULL NAME OF CHILD

Jay Thomas Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other Quin 6. Premature No 7. Legiti-
mate? Yes 8. Date of birth Nov 28 1936
(Month, Day, Year)

9. Full name William Vernon Jones
FATHER
10. Residence (usual place of abode)
(If non-resident, give place and State) Firth
11. Color or race White 12. Age at last birthday 28 (years)
13. Birthplace (city or place)
(State or Country) Spanish Fork, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Present 1936
17. Total time (years) spent in this work 2

18. Full maiden name Ethel King
MOTHER
19. Residence (usual place of abode)
(If non-resident, give place and State) Firth
20. Color or race White 21. Age at last birthday 36 (years)
22. Birthplace (city or place)
(State or Country) Moave, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Present 1936
26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, Yes period of gestation 6 months { months 6 or weeks 6
30. Cause of Stillbirth acute Hydranmps
During labor _____
Before labor Yes

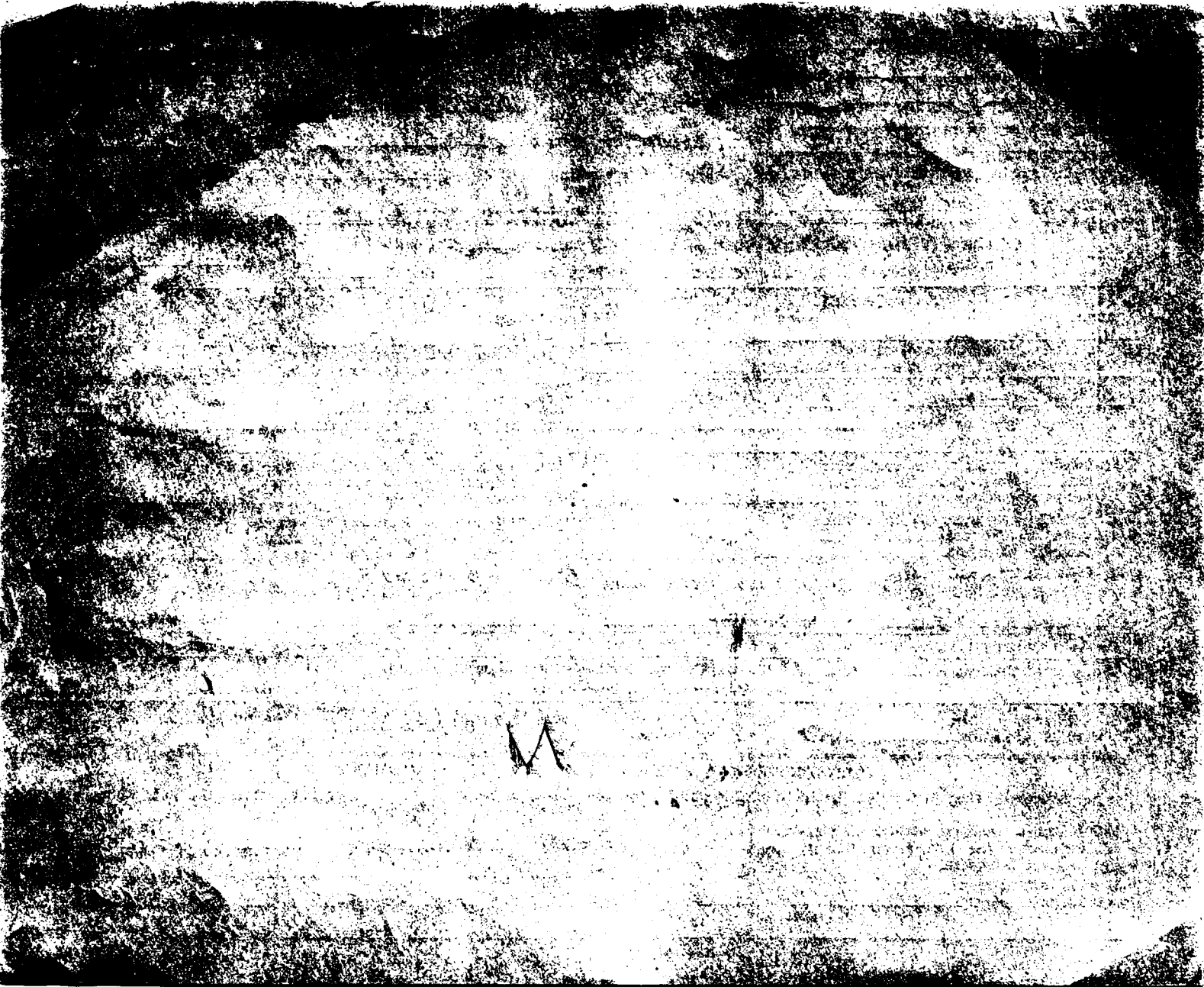
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:00 M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

(Signed) J. O. Humphreys M. D.
or _____ Midwife
Address Blackfoot, Idaho
Filed Dec 4 1936 Mr. Jones & Jones
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham
City of Blackfoot,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101214Registration District No. 121

DEC 8 1936 RECEIVED

Primary Registration District No. 1007Local Registrar's No. 193(No. Back Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jay Jones. Stillborn(a) Residence. No. X Firth, Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of X6. DATE OF BIRTH (month, day, and year)
Nov. 28, 1936

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.
Stillbirth- 6 mo. fetus

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Blackfoot,
(State or country) Idaho

MOTHER FATHER 13. NAME Wm. Vernon Jones
14. BIRTHPLACE (city or town) Spanish Fork,
(State or country) Utah.

15. MAIDEN NAME Ethel King
16. BIRTHPLACE (city or town) Moore, Idaho
(State or country)

17. INFORMANT Mrs. Vernon Jones
(Address) Firth, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Idaho Date Nov. 29, 1936

19. UNDERTAKER Vernon Jones
(Address) Firth, Idaho

20. FILED Dec. 4, 1936 Mrs. Helen E. Talbot
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from
Nov. 28, 1936, to Nov. 28, 1936

I last saw him alive on Nov. 28, 1936; death is said

to have occurred on the date stated above, at 7:00 A m.
The principal cause of death and related causes of importance were as follows:

Stillbirth, from
acute Hydramnios

Other contributory causes of importance:

Date of onset

Name of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? None
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. J. Thompson, M.D.(Address) Blackfoot, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bingham</u> City of <u>Blackfoot, Idaho</u> No. <u>Beck Hospital</u> St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 248906	
(If born in hospital or institution give name.)		Registration District No. <u>121</u> State File No. _____	
2. FULL NAME OF CHILD <u>Ray Jones</u>		Prim. Registration District No. <u>1007</u> Local Registrar's No. <u>352</u>	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>Living</u> 5. Number, in order of birth <u>2</u>	Premature <u>Yes</u> Full term _____	7. Legitimate? <u>Yes</u>
8. Date of birth <u>Nov 28, 1936</u> (Month, Day, Year)			
9. Full name <u>William Vernon Jones</u>	FATHER		18. Full maiden name <u>Ethel King</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Finch</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Finch</u>
11. Color or race <u>White</u>	12. Age at last birthday <u>28</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>26</u> (years)
13. Birthplace (city or place) (State or Country) <u>Spanish Fork, Utah</u>	22. Birthplace (city or place) (State or Country) <u>Moore, Idaho</u>		
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>lumber</u> 16. Date (month and year) last engaged in this work <u>Present, 1936</u>	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u> 25. Date (month and year) last engaged in this work <u>Present, 1936</u>		
	17. Total time (years) spent in this work <u>2</u>	26. Total time (years) spent in this work <u>6</u>	
	27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____		
28. Number of children of this mother <u>3</u> (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>2</u>			
29. If stillborn, <u>Yes</u> period of gestation <u>6 months</u>	{ months <u>6</u> or weeks _____	30. Cause of Stillbirth <u>Acute Hydronephrosis</u> During labor _____ Before labor <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:15 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) J. O. Humphreys, M. D.

or _____, Midwife

Address Blackfoot, Idaho

Filed Dec 4, 1936 Moore & Talbot

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham
City of Blackfoot,

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101215Registration District No. 121

DEC 8 1936 RECEIVED

Registrar Registration District No. 1007Local Registrar's No. 194(No. Beck Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ray Jones. Stillborn.(a) Residence. No. Firth, Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year)
Nov. 28, 1936

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.
Stillbirth, 6 mo. fetus

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Blackfoot, Idaho
(State or country)

MOTHER FATHER

13. NAME Wm. Nernon Jones

14. BIRTHPLACE (city or town) Spanish Fork
(State or country) Utah

15. MAIDEN NAME Ethel King

16. BIRTHPLACE (city or town) Moore, Idaho
(State or country)

17. INFORMANT Mrs. Vernon Jones
(Address) Firth, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot, Ida Date Nov. 29, 1936

19. UNDERTAKER acting Vernon Jones
(Address) Firth, Idaho

20. FILED Dec. 4, 1936 Mrs. Helen E. Latta
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1936, to Nov. 28, 1936

I last saw him dead Nov. 28, 1936; death is said

to have occurred on the date stated above, at 7:15 A. m.
The principal cause of death and related causes of importance were as follows:

Stillbirth, from
acute Hydrops

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Present Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? Home
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. J. Hargrave M. D.(Address) Blackfoot, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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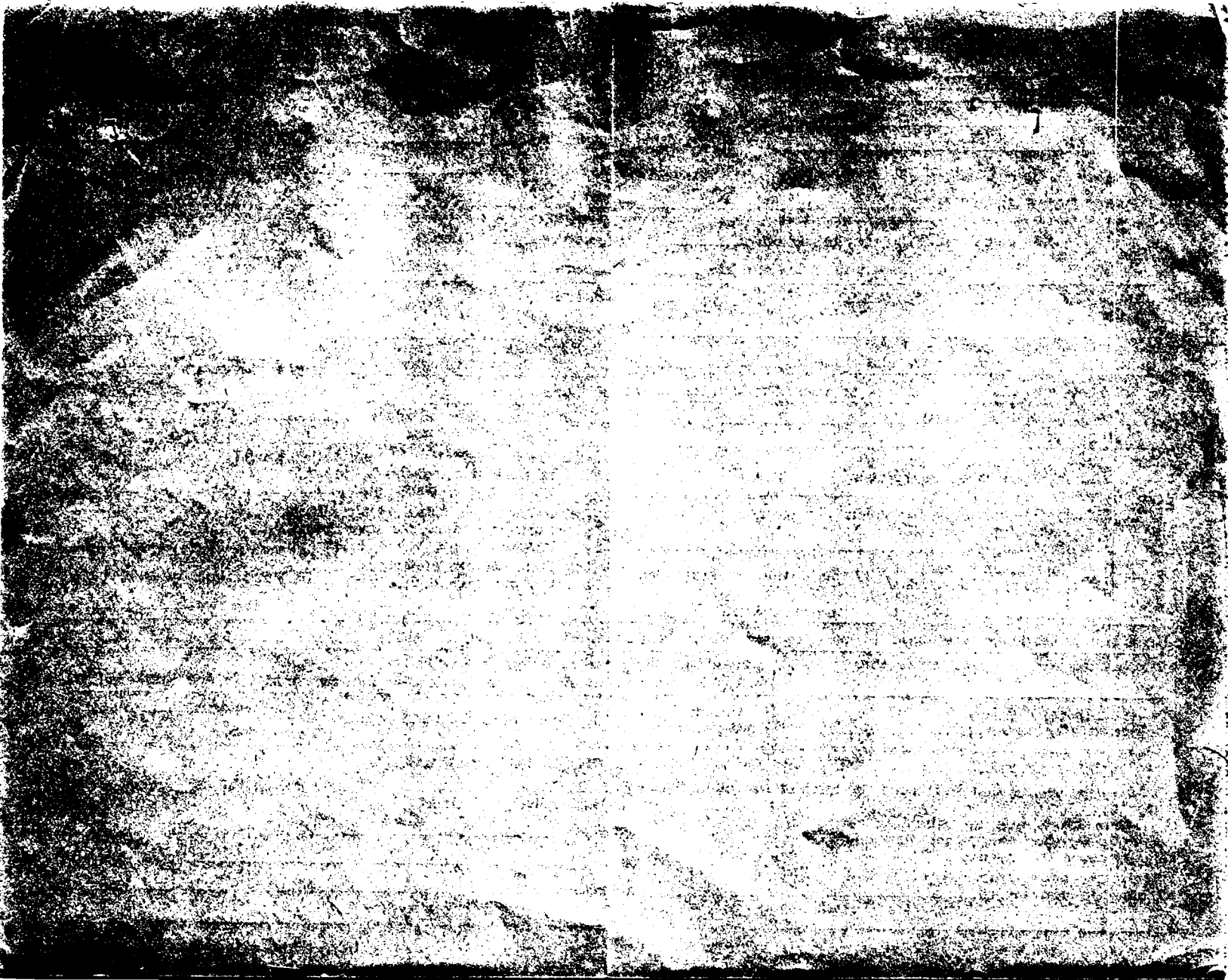
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bonneville</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Idaho Falls</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.) <u>R. A. S. Hospital</u>		Registration District No. <u>73</u>	State File No. _____
2. FULL NAME OF CHILD _____		Prim. Registration District No. <u>2150</u>	Local Registrar's No. <u>678</u>
3. Sex <u>boy</u>		4. Twin, triplet, or other _____	5. Premature <u>8 1/2</u> mo.
If plural births _____		6. Number, in order of birth _____	7. Legitimate? <u>yes</u>
8. Date of birth <u>11-5-1936</u>		(Month, Day, Year)	
9. Full name FATHER <u>John A. Young</u>		18. Full maiden name MOTHER <u>Ellen White</u>	
10. Residence (usual place of abode) <u>Ashton Idaho</u>		19. Residence (usual place of abode) <u>Ashton Idaho</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>W.</u>		12. Age at last birthday <u>42</u> (years)	
13. Birthplace (city or place) <u>Idaho</u>		(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own Self</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>	
16. Date (month and year) last engaged in this work <u>Nov-1936</u>		17. Total time (years) spent in this work <u>3 years</u>	
18. Date (month and year) last engaged in this work <u>Nov-1936</u>		19. Total time (years) spent in this work <u>6 years</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>			
28. Number of children of this mother _____ (At time of this birth and including this child)			
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of stillbirth _____ { Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Still born</u> at <u>2:25</u> p.m. on the date above stated.			
(Born Alive or Stillborn)			
(Signed) <u>H. R. Neal</u> , M. D.			
or _____ Midwife			
Address <u>Idaho Falls Idaho</u>			
Filed <u>Nov 5</u> , 193 <u>6</u> <u>C. J. Finn</u> Registrar.			

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County

City of

Bonneville
Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

DO NOT WRITE IN THIS SPACE

101238

State File No.

73

Local Registrar's No.

DEC 7 1936 RECEIVED

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years

Months

Days

If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER/FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL

Place

Date

19. UNDERTAKER (Address)

20. FILED

Nov. 5, 1936
Wm Kindaird
by R.M.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillbirth due to
Toxemia of Pregnancy
6 1/2 months

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

.....

.....

.....

1. PLACE OF BIRTH

County of Camas
 City of Fairfield
 No. 1 St.

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

249016

S

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Stillborn Wolfe

3. Sex.

male

If plural
births

4. Twin triplet, or other

5. Number, in order of birth

6. Premature

Full term

7. Legiti-

mate? yes

8. Date of birth

Sept 23, 1936
 (Month, Day, Year)

9. Full name

FATHER

May Wolfe

18. Full maiden name

MOTHER

Grace Frasier

10. Residence (usual place of abode)
(If non-resident, give place and State)Corral
Idaho19. Residence (usual place of abode)
(If non-resident, give place and State)

Corral

11. Color or race

W

12. Age at last birthday

40 (years)

20. Color or race

W

21. Age at last birthday

30 (years)

13. Birthplace (city or place)
(State or country)Union
Oregon22. Birthplace (city or place)
(State or country)Atlantic
Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

farming
wheat farm

15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc.

16. Date (month and year) last engaged in this work

Nov 1924

17. Total time (years)

spent in this work 20 years

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

house keeping

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

home

25. Date (month and year) last engaged in this work

Sept 23, 1936

26. Total time (years)

spent in this work 15 years

27. Number of children of this mother
(At time of this birth and including this child)

(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 1

What prophylactic was used to prevent Ophthalmia Neonatorum? Defect in Cord

28. If stillborn,

period of gestation 9 mos

months
or weeks

29. Cause of stillbirth

Defect in Cord

Before labor before
 During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who

(Signed) W B Parkinson, M. D.

was _____ at _____ m. on the date above stated.

or _____, Midwife

(Born Alive or Stillborn)

Address Fairfield Idaho

Filed Nov 30, 1936 W B Parkinson

Registrar.

[When there was no attending physician or midwife, then
 the father, householder, etc., should make this return.]

(Chief)

I.

PLACE OF BIRTH

||

County of _____

DEPARTMENT OF PUBLIC WELFARE
STATE OF IDAHO

2

1930

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Camas
City of Fairfield

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 5
Primary Registration District No. 2138

DO NOT WRITE IN THIS SPACE

State File No. 101263

DEC 7 1936 RECEIVED

Local Registrar's No. 3/16

2. FULL NAME Claud M. Wolfe

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race W
5. Single, Married, Widowed or Divorced (write the word) Infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Sept 23 1936
7. AGE Years Months Days If LESS than 1 day... hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll
(State or country) Idaho

13. NAME May Wolfe
14. BIRTHPLACE (city or town) Union
(State or country) Oregon
15. MAIDEN NAME Grace Fraizer
16. BIRTHPLACE (city or town) Atlantic
(State or country) Iowa

17. INFORMANT Max Wolfe
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Date, 193..

19. UNDERTAKER
(Address)

20. FILED Dec 5 1936 W. B. Parkman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1936 to Sept 23, 1936.
I last saw him alive on Sept 23, 1936; death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

Still born

Date of onset shortly

Other contributory causes of importance:

Foram valve failed
no cause

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. B. Parkman M. D.

(Address) Fairfield Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Canyon</u> City of <u>Pampa</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 249024
Registration District No. <u>7</u>		State File No. _____		
(If born in hospital or institution give name)		Prim. Registration District No. <u>2006</u>	Local Registrar's No. <u>376</u>	
2. FULL NAME OF CHILD <u>Stillborn</u>				
3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u> Full term _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct 23</u> , 193 <u>6</u> (Month, Day, Year)
9. Full name <u>Franklin Vernon Walker</u>	FATHER		18. Full maiden name <u>Erma Wynn</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa</u>			
11. Color or race <u>W</u>	12. Age at last birthday <u>27</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Utah</u>	22. Birthplace (city or place) (State or Country) <u>Utah</u>			
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work <u>to date</u> , 19 <u>36</u>	17. Total time (years) spent in this work <u>4 1/2</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>NEW</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work <u>to date</u> , 19____	26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____				
28. Number of children of this mother (At time of this birth and including this child) <u>2</u> (a) Born alive and now living _____ (b) Born alive but now dead <u>2</u> (c) Stillborn _____				
29. If stillborn, period of gestation <u>7 Mo.</u> { months _____ or weeks _____				
30. Cause of Stillbirth { During labor _____ Before labor _____				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 2:45 PM m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) W C Hart, M. D.

or _____, Midwife

Address Nampa, Ida.

Filed Dec 5, 1936 Lyda Rodgers
Registrar.

1991

1

1

1

1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101781

DEC 22 1936 RECEIVED

Registration District No. 7Primary Registration District No. 2006Local Registrar's No. 192(No. 20)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. Franklin Road - R2 St. Nampa, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 23, 1936

7. AGE Years Months Days If LESS than 1 day hrs. min.
Stillborn - 7 months gestation

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

13. NAME Franklin V. Walker

14. BIRTHPLACE (city or town) Holaday
(State or country) Utah

15. MAIDEN NAME Emma Thron

16. BIRTHPLACE (city or town) American Fork
(State or country) Utah

17. INFORMANT Mr. F. V. Walker
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date Oct 23, 1936
(at family home)

19. UNDERTAKER Nona
(Address)

20. FILED Dec 19, 1936 Lyla Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 23 1936

22. I HEREBY CERTIFY, That I attended deceased from
Oct 23, 1936 to Oct 23, 1936

I last saw her alive on Oct 23, 1936; death is said
to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance
were as follows:

Asphyxia palleida
septicaemia

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? _____ If so, specify _____

(Signed) W. C. Webb, M. D.(Address) Nampa, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Carroll
City of Burley
No. Page St.
(If born in hospital or institution give name.)

DEC 11 1936 RECEIVED
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
S
249297

2. FULL NAME OF CHILD Elma hoosli Stillbar 249297

3. Sex Female 4. Twin, triplet, or other no 5. Number, in order of birth 1
6. Premature yes 7. Legitimate yes 8. Date of birth 9-1-1936
(Month, Day, Year)

9. Full name FATHER Irvin h. hoosli
10. Residence (usual place of abode) Burley Ida.
(If non-resident, give place and State)
11. Color or race W. 12. Age at last birthday 42 (years)
13. Birthplace (city or place) Idaho Falls
(State or country) Ida.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Working Nov. 1936
17. Total time (years) spent in this work 2 years

18. Full maiden name MOTHER Virginia Muncy
19. Residence (usual place of abode) Burley Ida.
(If non-resident, give place and State)
20. Color or race W. 21. Age at last birthday 37 (years)
22. Birthplace (city or place) Idaho Falls
(State or country) Ida.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work Nov. 1936
26. Total time (years) spent in this work 15 years
27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, 1 month months or weeks 30. Cause of stillbirth Before labor
period of gestation 9 months Before labor yes
During labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Still born at 11:35 a.m. on the date above stated.
(Signed) John H. Jackson, M. D.
or _____, Midwife
Give name added from a supplemental report _____
(Date of) _____
Registrar. Burley Idaho
Filed Dec 9, 1936 L. L. L. L. L.
Registrar.

1944-1945

1945

1. PLACE OF BIRTH

County of Blaine
City of Mountain Home
No. _____ St. _____

DEC 10 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

249124

(If born in hospital or institution give name.)

Registration District No. 34 State File No. _____

Prim. Registration District No. 2020 Local Registrar's No. 30

2. FULL NAME OF CHILD

Hazel Hollinsake

3. Sex. Female If plural births { 4. Twin triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 5/22, 1936
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER James Hollinsake

18. Full maiden name MOTHER Hazel Carrie

10. Residence (usual place of abode) Mountain Home Idaho
(If non-resident, give place and State)

19. Residence (usual place of abode) Mountain Home Idaho
(If non-resident, give place and State)

11. Color or race Wh 12. Age at last birthday 2 1/4 (years)

20. Color or race Wh 21. Age at last birthday 2 1/4 (years)

13. Birthplace (city or place) Nebraska
(State or country)

22. Birthplace (city or place) Mountain Home Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc. auto

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) _____
19 _____ spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) _____
19 _____ spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. If stillborn, { months { Brush presentation Before labor _____
period of gestation 9 mos or weeks { Extra large child During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who (Signed) J. E. Evans, M. D.
was Stillborn at 1:20 A. on the date above stated. or _____, Midwife
(Born Alive or Stillborn) Address Mountain Home Idaho

[When there was no attending physician or midwife, then the father, householder, etc., should make this return.] Filed Nov 12, 1936 H. Anderson Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF CHILD WELFARE

DATE OF BIRTH

(21894)

NAME

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF ENTRY

DATE OF DEPARTURE

REASON FOR ENTRY

REASON FOR DEPARTURE

REMARKS

SIGNATURE

DATE

INITIALS

STAMP

REMARKS

SIGNATURE

DATE

INITIALS

STAMP

REMARKS

SIGNATURE

DATE

INITIALS

STAMP

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

JUL 1936 RECEIVED

PLACE OF DEATH

County of Elmore
City of Butte

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 99221

Registration District No. 34

Primary Registration District No. 2020

Local Registrar's No. 13

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Hazel Hollinsake

(a) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-22-36

7. AGE Years Months Days If LESS than 1 day... hrs. or no min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Butte
(State or country)

13. NAME James Hollinsake

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Hazel Carrie

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT James Hollinsake
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Butte Date 5-23-36

19. UNDERTAKER W. A. ...
(Address)

20. FILED June 1, 1936
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-22-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-22-1936, to 5-22-1936.

I last saw her alive on, 193... death is said to have occurred on the date stated above, at 1:29 A.M.
The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury... 193...

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) H. A. ...

(Address) Butte, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Germ **DEC 7 1936 RECEIVED** STATE OF IDAHO
City of Emmett DEPARTMENT OF PUBLIC WELFARE
No. _____ St. BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S 249204**

Registration District No. 6 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Marvin Howard Franklin Summers

3. Sex M If plural { 4. Twin, triplet, or other _____
births { 5. Number, in order of birth _____
6. ~~Born alive~~ 7. Legiti- 8. Date of birth 11-11, 1936
Full term X mate? Yes (Month, Day, Year)

9. Full name John Benjamin Franklin -FATHER 18. Full maiden name Velma Lavern Summers MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Emmett 19. Residence (usual place of abode) (If non-resident, give place and State) Emmett

11. Color or race W 12. Age at last birthday 23 (years) 20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Pearl, Ida 22. Birthplace (city or place) (State or Country) Workland, Mo.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19 _____ 19 _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 40%

28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation Term { months or weeks _____ 30. Cause of Stillbirth _____
Before labor hydrocephalus
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 6:15 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

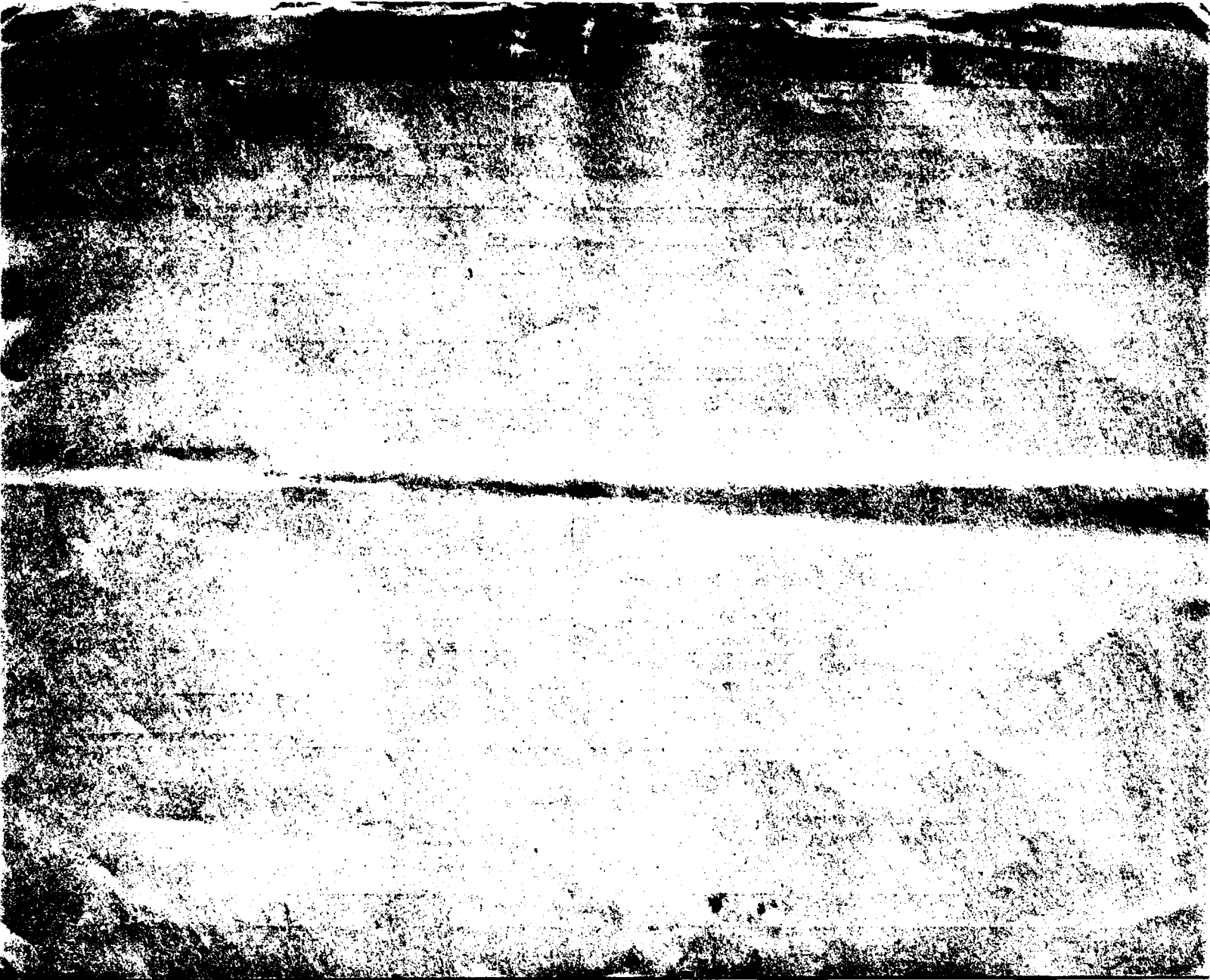
Registrar.

(Signed) [Signature], M. D.

or _____, Midwife

Address Emmett

Filed 12-5, 1936 J. H. Ryngaert Registrar.



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of IdahoCity of EmmettSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6Registration District No. 6

DO NOT WRITE IN THIS SPACE

State File No. 101364

DEC 7 1936 RECEIVED

Local Registrar's No. 706

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME MARVIN HOWARD FRANKLIN(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day... hrs. or min. Stillborn8. Trade, profession, or particular kind of work done sa. spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett (State or country)13. NAME John B. Franklin14. BIRTHPLACE (city or town) Boise, Ida (State or country)15. MAIDEN NAME Velma L. Summers16. BIRTHPLACE (city or town) Boise, Mo. (State or country)17. INFORMANT John B. Franklin (Address) Emmett18. BURIAL, CREMATION OR REMOVAL Place Emmett Date 11-11, 193619. UNDERTAKER No undertaker (Address)20. FILED 12-5, 1936 J. B. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 19322. I HEREBY CERTIFY, That I attended deceased from 11-11, 1936, to 11-11, 1936I last saw alive on 11-11, 1936; death is said to have occurred on the date stated above, at Emmett.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1936.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. B. Reynolds M. D. (Address) Emmett

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH
 County of Latah DEC 8 1936
 City of Troy
 No. _____ St. _____
Troy Hospital
 (If born in hospital or institution give name.)
 Registration District No. 64 State File No. _____
 Prim. Registration District No. 2144 Local Registrar's No. 5

2. FULL NAME OF CHILD Hillborn Pickers

3. Sex F If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legitimate yes 8. Date of birth Oct 21, 1936
 5. Number, in order of birth _____ Full term _____ mate _____ (MONTH, DAY, YEAR)

9. Full name FATHER John Pickers MOTHER Ella Hall
 10. Residence (usual place of abode) Troy, Ida 11. Residence (usual place of abode) Troy, Ida
 (If non-resident, give place and State) (If non-resident, give place and State)
 11. Color or race White 12. Age at last birthday 34 (years) 20. Color or race White 21. Age at last birthday 37 (years)
 13. Birthplace (city or place) Washington 22. Birthplace (city or place) Idaho
 (State or country) (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 16. Date (month and year) last engaged in this work August, 1936 17. Total time (years) spent in this work 15 25. Date (month and year) last engaged in this work Oct, 1936 26. Total time (years) spent in this work 15

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn One
 28. If stillborn 9 mo { months { Delivered by forceps { Before labor {
 period of gestation { or weeks { Cause of stillbirth { During labor {yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Hillborn at 11 P. m. on the date above stated.
 (DO NOT SIGN IF STILLBORN)

{ When there was no attending physician
 or midwife, then the father, householder,
 etc., should make this return.

Give name added from
 a supplemental report _____

(DATE OF)

(Signed)

Chas. A. Meyer, M. D.
 or _____, Midwife

Address

Troy, Idaho
 Filed Dec 1, 1936 Ruey M. Pickers
 Registrar.

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 2 1936 RECEIVED STANDARD CERTIFICATE OF DEATH

101428
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Latah State IDAHO Registered No. 64
Township _____ or Village _____ or
City Troy No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(Stillborn) Pickerd
(a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If decedent give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct-10-21

7. AGE Years Months Days If LESS than
0 0 0 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Troy Hospital
(State or country)

13. NAME John J. Pickerd

14. BIRTHPLACE (city or town) Palouse
(State or country) Wash

15. MAIDEN NAME Zella Hall

16. BIRTHPLACE (city or town) Judithella
(State or country) Idaho

17. INFORMANT John J. Pickerd
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Palouse Date Oct-22, 1936

19. UNDERTAKER none
(Address)

20. FILED Oct 23 1936 Lucy M. Pickerd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 21st 1936 to Oct 21st 1936

I last saw him alive at no time; death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:
Instrumental delivery

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Chas. G. Meyer M. D.

(Address) Troy, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. 4598-2-2-1 DEC 11 1930 RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S 249413**

Registration District No. 100 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2178 Local Registrar's No. 244

2. FULL NAME OF CHILD Stillborn Cook Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ☒ 7. Legiti- mate? yes 8. Date of birth Dec. 2, 1930 (Month, Day, Year)

9. Full name FATHER Charles Sylvanus Cook 18. Full maiden name MOTHER Fern Anella Spaulding

10. Residence (usual place of abode) Rexburg, Idaho 19. Residence (usual place of abode) Rexburg, Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 32 (years) 20. Color or race White 21. Age at last birthday 32 (years) **(21)**

13. Birthplace (city or place) Idaho 22. Birthplace (city or place) Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work life 25. Date (month and year) last engaged in this work _____ 19 _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation full term { months or weeks _____ 30. Cause of Stillbirth hydrocephalus { Before labor ☒ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 11:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

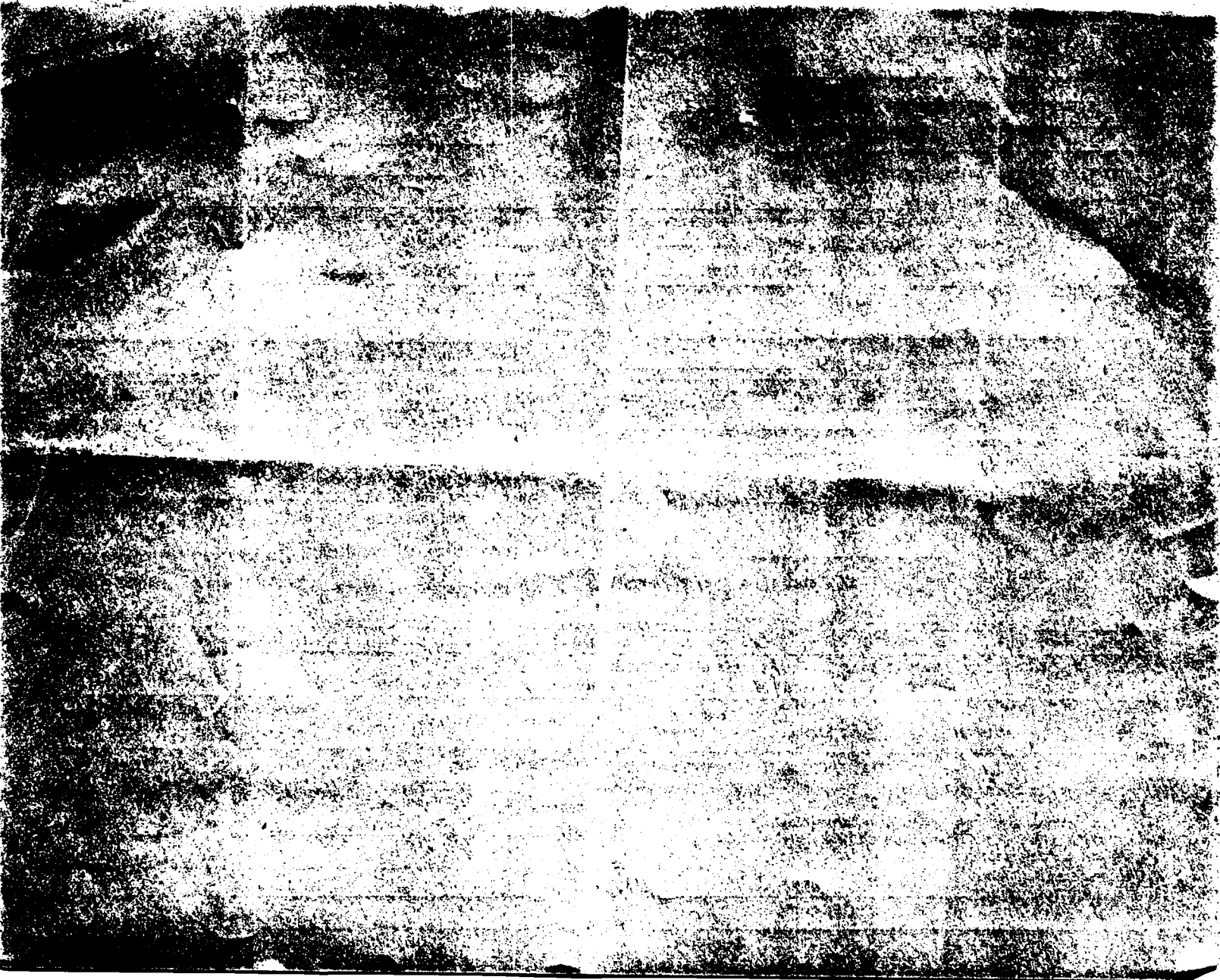
(Signed) John J. Rich, M. D.

or _____, Midwife

Address Rexburg Idaho

Filed 12-5, 1930 Mrs. H. E. Young

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

101452

State File No.

County of Madison

City of Rebur

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 71

DEC 11 1936 RECEIVED

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Cook

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 12-3-1936

7. AGE	Years	Months	Days	If LESS than 1 day	hrs.	min.
	<u>0</u>	<u>0</u>	<u>0</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

OCCUPATION

12. BIRTHPLACE (city or town) Rebur Idaho
(State or country) Madison

MOTHER FATHER

13. NAME Sylvanus Cook

14. BIRTHPLACE (city or town) London
(State or country) Madison

15. MAIDEN NAME Fern Spalding

16. BIRTHPLACE (city or town) Thornlo
(State or country) Madison

17. INFORMANT Sylvanus Cook
(Address) Rebur

18. BURIAL, CREMATION OR REMOVAL
Place Burton Date Dec 5, 1936

19. UNDERTAKER Wm J. Fisher
(Address) Rebur Idaho

20. FILED 12-5, 1936 Miss Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Stillborn 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-3-1936 to 12-3-1936

I last saw him alive on 12-3-1936; death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

Stillborn
Hydrocephalus of foetus
Other contributory causes of importance:
hypertension of mother.

Date of onset

few days before birth

Name of operation prose Date of _____
What test confirmed diagnosis? prose Was there an autopsy? _____

23. If death was due to exte'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936
Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) Wm J. Fisher M. D.
12/4/36 (Address) Rebur Idaho

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related Date of onset
causes of importance were as follows:

Atherosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1924

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

1

PLACE OF BIRTH
County of Nez Perce
City of Lewiston Idaho
No. _____ St. St. Josephs.
Registration District No. 1009 State File No. S249503
(If born in hospital or institution give name.)
Prim. Registration District No. 96 Local Registrar's No. _____
2. FULL NAME OF CHILD Wagner, Stillborn

3. Sex M. If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature Yes 7. Legitimate? Yes 8. Date of birth 9-28, 1936
(Month, Day, Year)

9. Full name J. E. Wagner. FATHER
10. Residence (usual place of abode) Lewiston
(If non-resident, give place and State)
11. Color or race Wh. 12. Age at last birthday 33 (years)
13. Birthplace (city or place) Des Moines Iowa
(State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION

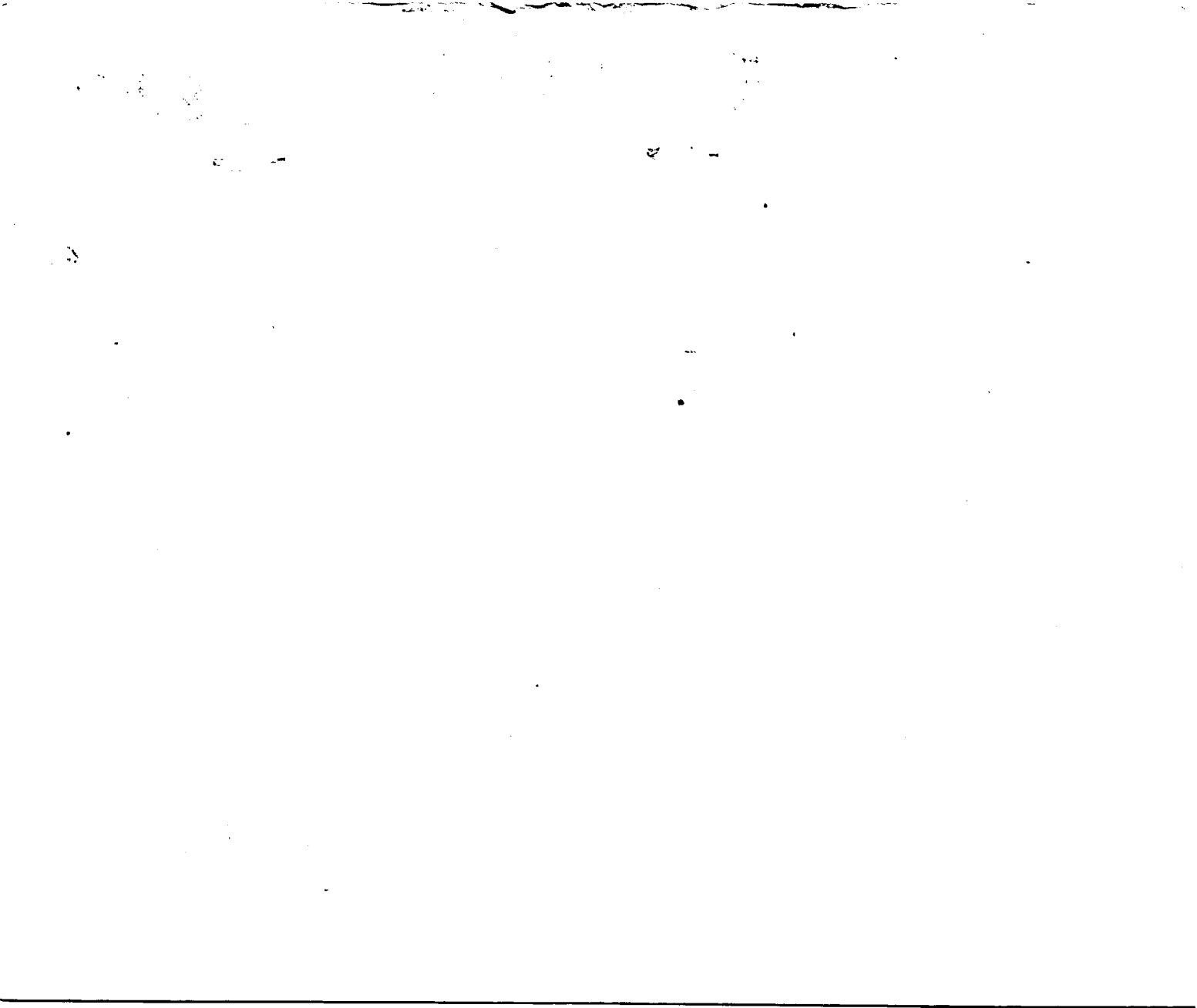
18. Full maiden name Helen M. Sawell. MOTHER
19. Residence (usual place of abode) Lewiston Id
(If non-resident, give place and State)
20. Color or race Wh. 21. Age at last birthday 29 (years)
22. Birthplace (city or place) Springer Ill.
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 2
29. If stillborn, period of gestation 5 mo. { months or weeks
30. Cause of Stillbirth ? { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was stillborn at 10:12 am on the date above stated.
(Born Alive or Stillborn)
(Signed) Paul J. Henry M. D.
or _____ Midwife
Address Lewiston Idaho
Filed Oct. 31, 1936 MW Cockey
Registrar. mc Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101457
State File No.

Registration District No. 1009

Registration District No. 96

Local Registrar's No. 688

OCT 12 1936 RECEIVED

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Inf. son of J. E. Wagner

(a) Residence. No. 104 - 3rd St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 28 1936

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, shaver, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho

13. NAME J. E. Wagner

14. BIRTHPLACE (city or town) (State or country) Iowa

15. MAIDEN NAME Helen McGowan

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT John E. Wagner (Address) 104 - 3rd St. Lewiston, Ida.

18. BURIAL, CREMATION OR REMOVAL Place Lewiston Ida. Date 9/28/36, 1936

19. UNDERTAKER Vassar-Rawls CO. (Address) Lewiston, Idaho

20. FILED Oct 7, 1936 M. E. C. M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/28 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/28, 1936, to 9/28, 1936. I last saw him alive on 9/28, 1936; death is said to have occurred on the date stated above, at 10:44 m.

The principal cause of death and related causes of importance were as follows:

Premature birth
about 5-6 m.
Stillborn

Other contributory causes of importance:

Date of onset

Name of operation None Date of 2
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 6, 1936
Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ---

(Signed) Paul J. H. M. D. (Address) Lewiston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

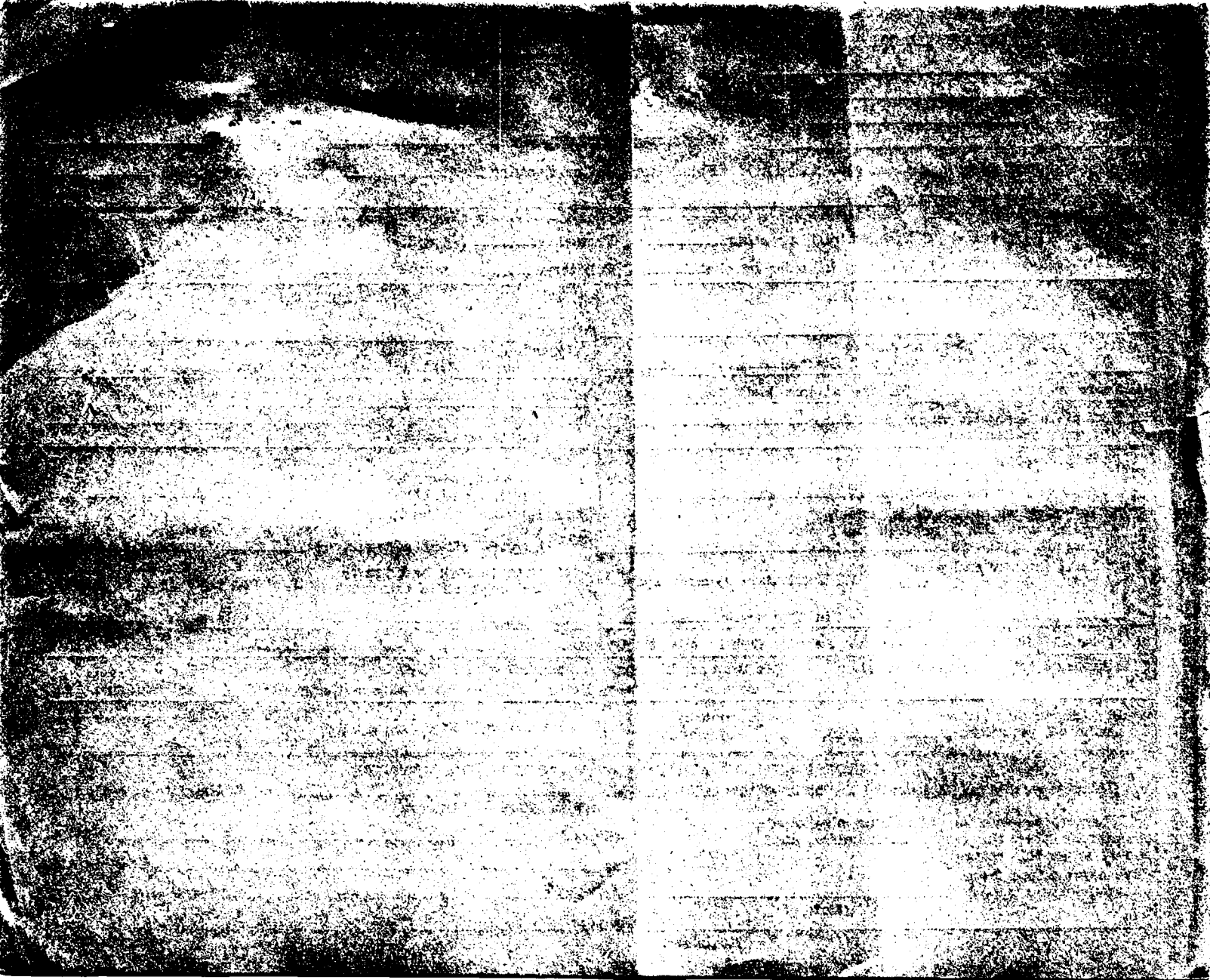
Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH		STATE OF IDAHO		S 248516
County of <u>My Pence</u>		DEPARTMENT OF PUBLIC WELFARE		
City of <u>Lapwai</u>		BUREAU OF VITAL STATISTICS		
No. _____ St. _____		CERTIFICATE OF BIRTH		
(If born in hospital or institution give name.)		Registration District No. <u>1009</u>	State File No. _____	
2. FULL NAME OF CHILD <u>Margaret Helen McKay Stillborn</u>		Prim. Registration District No. <u>96</u>	Local Registrar's No. _____	
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>✓</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Oct. 16, 1936</u> (Month, Day, Year)
9. Full name FATHER <u>James H. McKay</u>		18. Full maiden name MOTHER <u>Ruth E. Snyder</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Lapwai, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Lapwai, Idaho</u>		
11. Color or race <u>Indian</u>		20. Color or race <u>Indian</u>		
12. Age at last birthday <u>27</u> (years)		21. Age at last birthday <u>27</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Whitcomb, Wyoming</u>		22. Birthplace (city or place) (State or Country) <u>Washburn, Wyoming</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Office Clerk</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Nurse</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>St. Lapwai Sawmill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>St. Lapwai Sawmill</u>	
	16. Date (month and year) last engaged in this work <u>Oct. 16, 1936</u>		25. Date (month and year) last engaged in this work <u>Oct. 5, 1936</u>	
17. Total time (years) spent in this work <u>1 1/2</u>		26. Total time (years) spent in this work <u>4 years</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Baby did not live</u>				
28. Number of children of this mother (At time of this birth and including this child) <u>First</u> (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation <u>9 mos</u> { months or weeks } 30. Cause of stillbirth <u>Contracted pelvis - breast cancer</u> { Before labor _____ During labor <u>✓</u>				
<p align="center">CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</p> <p>I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>1:35 P.m.</u> on the date above stated. (Born Alive or Stillborn)</p> <p>When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____</p>				
(Date of) _____		(Signed) <u>C. H. Kuntz</u> , M. D. or _____, Midwife		
Registrar. _____		Address <u>St. Lapwai, Idaho.</u>		
		Filed <u>Nov. 10, 1936</u> <u>M. W. Caskey</u> <u>MC</u> Registrar.		



STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Naz Perce State Idaho Registered No. 702
 Township _____ or Village _____ or
 City Lapwai No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Margaret Gail McKay
 (a) Residence: No. Lapwai Id St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Indian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Oct 16 - 36

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

10. Date deceased last worked at this occupation (month and year) no

11. Total time (years) spent in this occupation no

12. BIRTHPLACE (city or town) Lapwai (State or country) Idaho

13. NAME James B McKay

14. BIRTHPLACE (city or town) Washington (State or country)

15. MAIDEN NAME Ruth E Snyder

16. BIRTHPLACE (city or town) Idaho (State or country) Idaho

17. INFORMANT D. C. H. County (Address) Lapwai Idaho

18. BURIAL, CREMATION, OR REMOVAL Place Lapwai Id Date Oct 17, 1936

19. UNDERTAKER Brown - Wagon Co. (Address) Lawton Idaho

20. FILED Nov 10, 1936 M. W. Carter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 16, 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 16, 1936 to Oct 16, 1936

I last saw him alive on still born, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still born
No abnormalities evident.

Date of onset

Other contributory causes of importance:

Contracted pelvis
breach case

Name of operation no Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury _____, 19____

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury ✓

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) D. C. H. County M. D.

(Address) Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

THIS IS A PERMANENT RECORD, N.E.—In case of future must be made for each, and the number of each, in order of birth state.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Nez Perce</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Lawton</u>		BUREAU OF VITAL STATISTICS	
No. <u>1444</u> - <u>Main</u> St.		CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		Registration District No. <u>1009</u>	State File No. <u>S 249523</u>
2. FULL NAME OF CHILD <u>Arlene Anne Kalinski Stillborn</u>		Prim. Registration District No. <u>96</u>	Local Registrar's No. <u>Stillborn</u>
3. Sex <u>✓</u>	If plural births <u>4. Twin, triplet, or other</u> <u>✓</u>	6. Premature <u>✓</u>	7. Legitimate? <u>yes</u>
5. Number, in order of birth <u>✓</u>		8. Date of birth <u>10-4-1936</u> (Month, Day, Year)	
9. Full name FATHER <u>Irving Walter Kalinski</u>		18. Full maiden name MOTHER <u>Helen Marie Davis</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Lawton, Nez Perce</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Lawton, Nez Perce</u>	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>36</u> (years)		21. Age at last birthday <u>32</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Baldwin, Wis.</u>		22. Birthplace (city or place) (State or Country) <u>Springfield, Mo.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>own farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
16. Date (month and year) last engaged in this work <u>10-4-1936</u>		25. Date (month and year) last engaged in this work <u>10-4-1936</u>	
17. Total time (years) spent in this work <u>6 years</u>		26. Total time (years) spent in this work <u>2 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Neog. prod.</u>			
28. Number of children of this mother <u>4</u> (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>✓</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>9 months</u> { months or weeks		30. Cause of Stillbirth <u>partial separation</u> During labor <u>✓</u> <u>placenta</u> Before labor <u>✓</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 10 a.m. on the date above stated.

(Born alive or Stillborn)

When there was no attending physician midwife, then the father, householder, etc., could make this return.

Give name added from supplemental report.

(Date of)

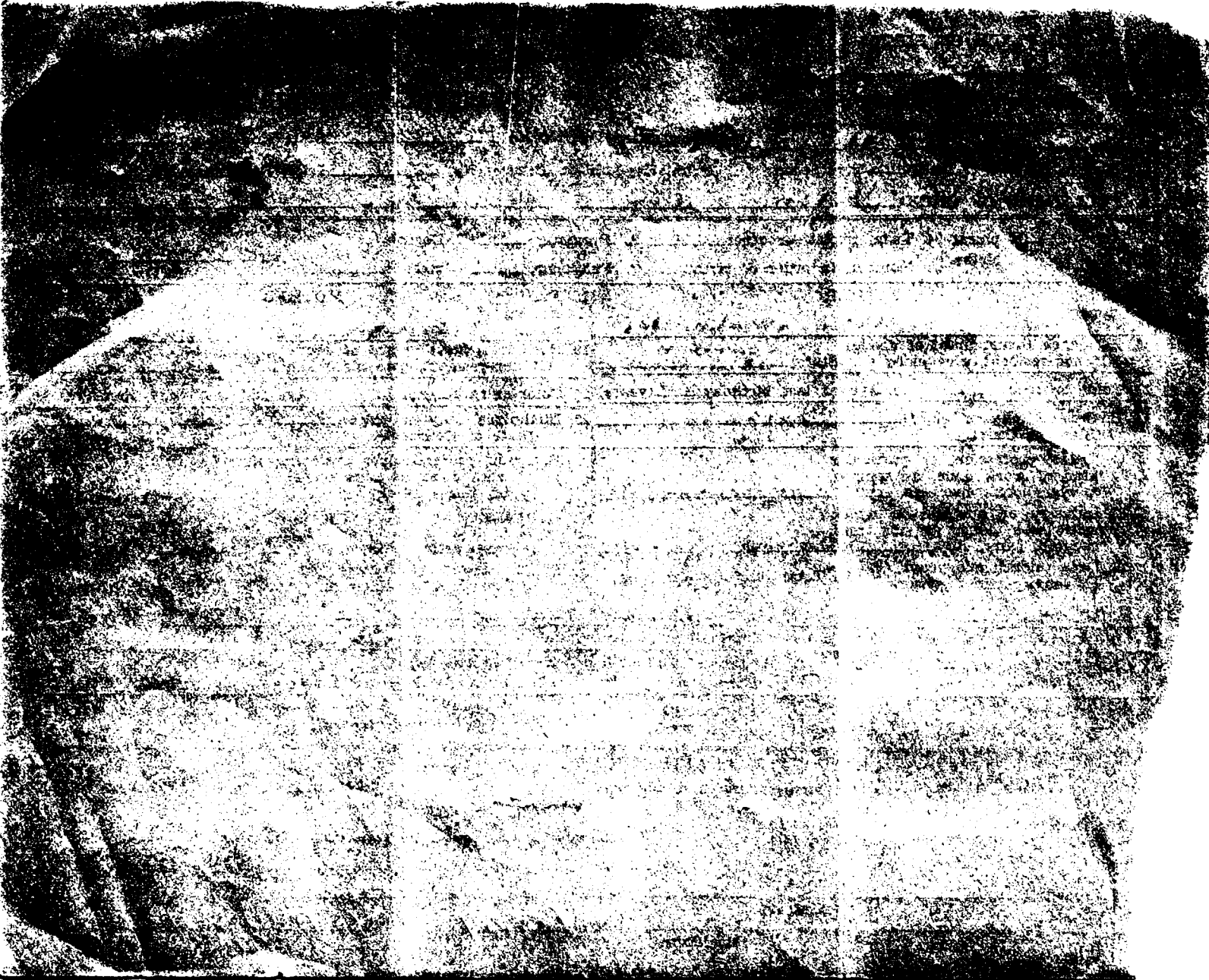
Registrar.

(Signed) E. J. White, M. D.

or _____, Midwife

Address Lawton, Idaho

Filed Nov. 27, 1936 MW Casky Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		101461	
County of <u>Latah</u>	City of <u>Lewiston</u>	CERTIFICATE OF DEATH		State File No. _____	
Registration District No. <u>1009</u>		Primary Registration District No. <u>96</u>		Local Registrar's No. <u>692</u>	
(No. <u>White's Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Infant of Mrs. Helen Kalinoski</u>					
(a) Residence. No. _____		St. <u>Tammany</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 4, 1936</u>					
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day <u>5</u> hrs. or <u>6</u> min.		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (mo. and yr.) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (State or country) <u>Lewiston Idaho</u>					
MOTHER FATHER					
13. NAME <u>I. W. Kalinoski</u>					
14. BIRTHPLACE (city or town) (State or country) _____					
15. MAIDEN NAME _____					
16. BIRTHPLACE (city or town) (State or country) _____					
17. INFORMANT <u>I. W. Kalinoski</u> (Address) <u>Wahai Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Lewiston Idaho</u> Date <u>Oct. 6, 1936</u>					
19. UNDERTAKER <u>J. J. Raulo Co</u> (Address) <u>Lewiston Idaho</u>					
20. FILED <u>Nov 10, 1936</u> <u>M. W. Caskey</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Oct 4 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>10-4 1936</u> to <u>10-4 1936</u>					
I last saw <u>Stillborn</u> death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Full term still born</u>					
<u>Mother had fall down</u>					
Other contributory causes of importance:					
<u>this was causing partial separation of placenta</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193__					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>E. R. White</u> , M. D. (Address) <u>Lewiston Ida</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

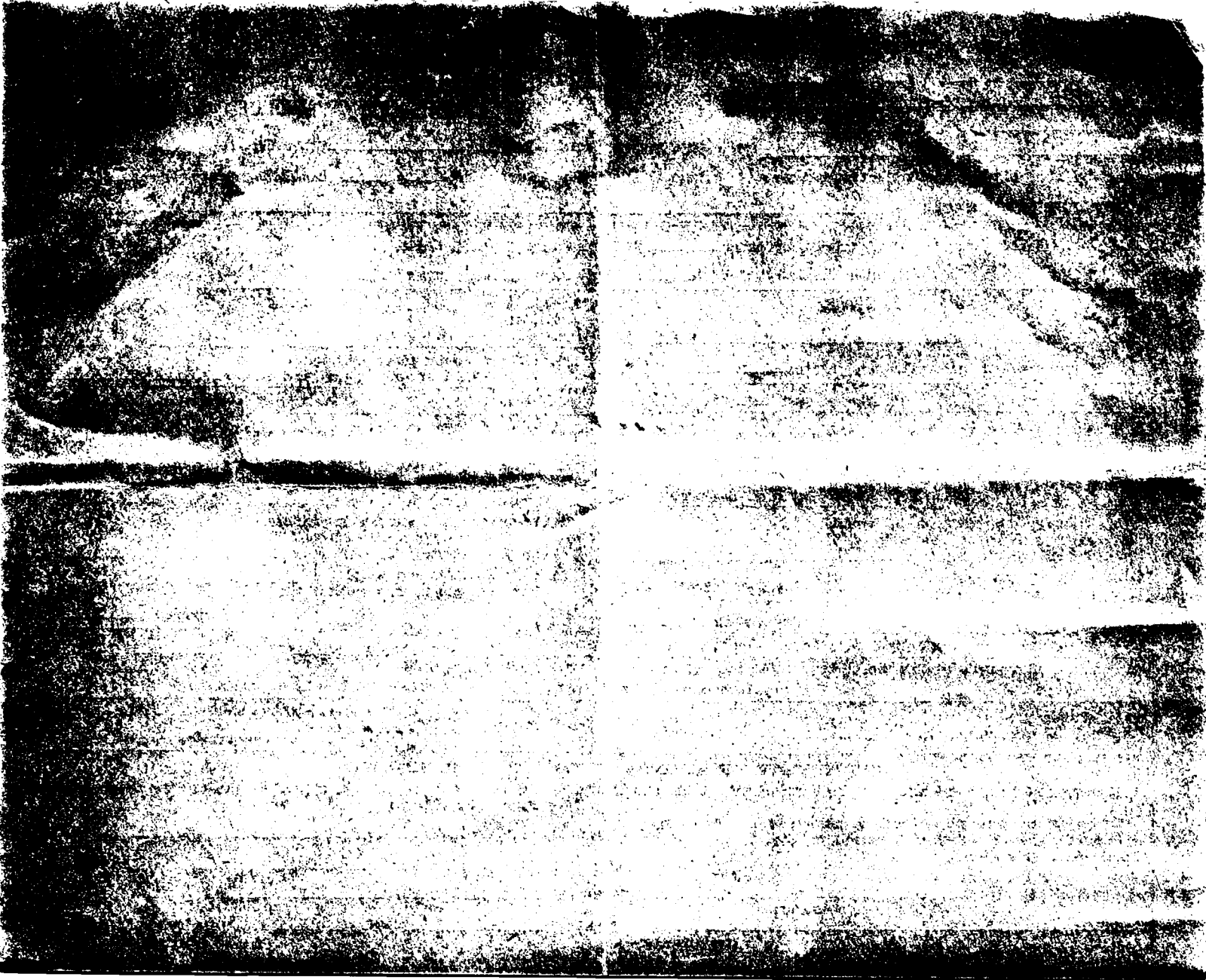
Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		VITAL STATISTICS		CERTIFICATE OF BIRTH		249594	
County of <u>Luzon Falls</u>		DEC 5 1936		RECEIVED							
City of <u>Buhl</u>		St.		Registration District No. <u>39</u>		State File No. <u>2087</u>		Local Registrar's No. <u>2087</u>			
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2087</u>		Local Registrar's No. <u>2087</u>							
2. FULL NAME OF CHILD <u>St. born Baughman</u>											
3. Sex <u>Female</u>		If plural births <u>4. Twin, triplet, or other</u> <input checked="" type="checkbox"/>		6. Premature <input checked="" type="checkbox"/>		7. Legitimate? <u>Yes</u>		8. Date of birth <u>11-17, 1936</u>		(Month, Day, Year)	
9. Full name <u>Eugene Seymour Baughman</u>		FATHER		18. Full maiden name <u>Doris Carl Leckie</u>		MOTHER					
10. Residence (usual place of abode) <u>Buhl-Ida</u>		(If non-resident, give place and State)		19. Residence (usual place of abode) <u>Buhl-Ida</u>		(If non-resident, give place and State)					
11. Color or race <u>Wht</u>		12. Age, at last birthday <u>29</u> (years)		20. Color or race <u>Wht</u>		21. Age, at last birthday <u>23</u> (years)					
13. Birthplace (city or place) <u>Chanute, Kansas</u>		(State or Country)		22. Birthplace (city or place) <u>Hudson, Louisiana</u>		(State or Country)					
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Wife</u>		OCCUPATION					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		18. Date (month and year) last engaged in this work		19. Total time (years) spent in this work			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Nothing</u>											
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>											
29. If stillborn, period of gestation <u>9 mos.</u> { months or weeks } 30. Cause of Stillbirth <u>Strangulation</u> Before labor <u>Yes - 2 day</u> During labor <u>no</u>											
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9:15</u> m. on the date above stated.											
(Signed) <u>W. J. Jennings</u> , M. D.											
or <u>Buhl - Ida</u> , Midwife											
Address <u>Buhl - Ida</u>											
Filed <u>Dec 1</u> , 1936 <u>H. T. Parkinson</u>											
Registrar.											



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of SumnerCity of Buhl

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39Primary Registration District No. 2087

(No.)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Baby Langhman

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Nov. - 17 - 1936

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (mo. and yr.) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) Buhl
(State or country) Idaho

13. NAME E. G. Langhman

14. BIRTHPLACE (city or town) Chambers
(State or country) Kan.

15. MAIDEN NAME Larrie Leekie

16. BIRTHPLACE (city or town) Not known
(State or country) Idaho

17. INFORMANT Bert Langhman
(Address) Buhl, Id.

18. BURIAL, CREMATION OR REMOVAL Buhl
Place Buhl Date 4/17, 1936

19. UNDERTAKER James J. Johnson
(Address) Buhl, Id.

20. FILED Dec 1, 1936 H. T. Parkinson
Registrar.

DO NOT WRITE IN THIS SPACE

101556

State File No.

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1936, to 11-17, 1936

I last saw her alive on 11-17, 1936 death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Strangulation
7 umbilical
cord

Date of onset

Prob.11-14-36

Other contributory causes of importance:

NoneName of operation none Date of noneWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1936

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. G. Johnson M. D.(Address) Buhl, Id.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Buhl

No. _____ St. _____

Registration District No. 39 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2087 Local Registrar's No. _____

2. FULL NAME OF CHILD Wayne Lee Kelly Stillborn

3. Sex m If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth Nov. 30 1936 (Month, Day, Year)

9. Full name FATHER Claude Lee Kelly 18. Full maiden name MOTHER Helen Ruth Tisdale

10. Residence (usual place of abode) Buhl 19. Residence (usual place of abode) Buhl (If non-resident, give place and State)

11. Color or race w 12. Age at last birthday 34 (years) 20. Color or race w 21. Age at last birthday 29 (years)

13. Birthplace (city or place) Defar 22. Birthplace (city or place) Calo (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. unemployed 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? cutting

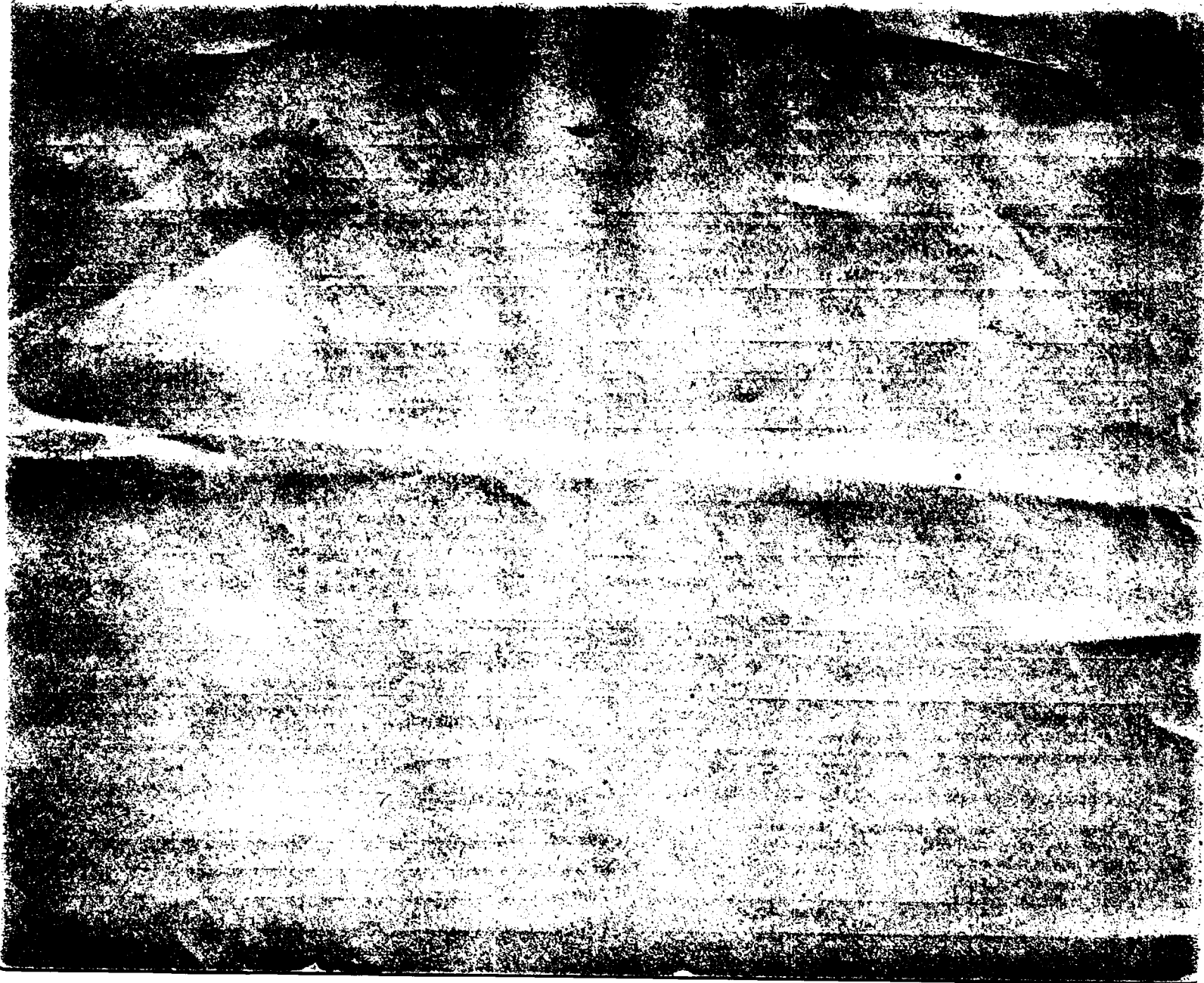
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6 mos { months or weeks _____ 30. Cause of Stillbirth unknown During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:15 m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ (Signed) Mr. R. Drake M. D. or _____ Midwife Address Buhl Ida Filed Dec 1 1936 Dr. Parkinson Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lewis & ClarkCity of Buhl

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 39Primary Registration District No. 2087(No. 2087)

(If death occurred in a hospital or institution, give the name instead of street and number.)

2. FULL NAME Wayne Lee Kelly(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m4. COLOR OR RACE w.

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Nov. 30, 19367. AGE Years Months Days If LESS than 1 day, hrs. or min. none

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Buhl

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME Claude Lee Kelly14. BIRTHPLACE (city or town) (State or country) Idaho15. MAIDEN NAME Helen Ruth Kisdale16. BIRTHPLACE (city or town) (State or country) Calif.17. INFORMANT Mrs. W. H. Brewer
(Address)18. BURIAL, CREMATION, OR REMOVAL on Place W. H. Brewer farm Date 11/30, 193619. UNDERTAKER none
(Address)20. FILED Dec 1, 1936 G. T. Parkinson
Registrar.

DO NOT WRITE IN THIS SPACE

101561

State File No. Local Registrar's No. 206

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 30, 193622. I HEREBY CERTIFY, That I attended deceased from at birth, 1936, to stillborn, 1936.I last saw him alive on stillborn, 1936; death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn
premature 6 months

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1936

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. R. Drake, M. D.(Address) Buhl, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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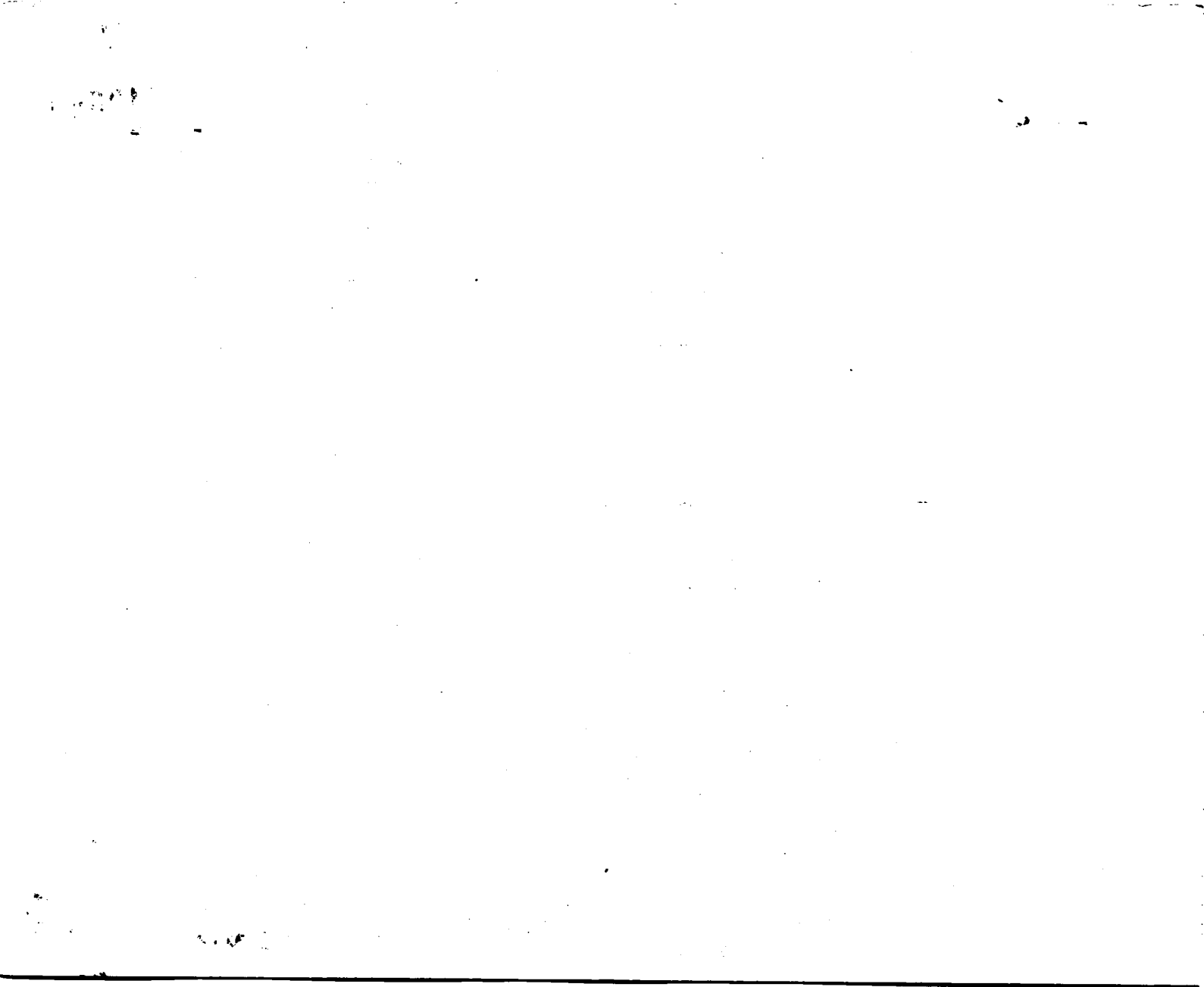
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Valley</u> City of <u>Arbing</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 249680	
(If born in hospital or institution give name.)		Registration District No. <u>15</u>		State File No. _____	
2. FULL NAME OF CHILD <u>John Allen Roberts</u>		Prim. Registration District No. _____		Local Registrar's No. <u>36</u>	
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Oct. 8, 1936</u> (Month, Day, Year)
5. Number, in order of birth _____		Full term <u>X</u>			
9. Full name FATHER <u>John Rodger Roberts</u>			18. Full maiden name MOTHER <u>Annia Marie Nelson</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Arbing, Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Arbing, Idaho</u>		
11. Color or race <u>W</u>			20. Color or race <u>W</u>		
12. Age at last birthday <u>26</u> (years)			21. Age at last birthday <u>38</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Redlands, N. M.</u>			22. Birthplace (city or place) (State or Country) <u>Van Wyck, Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Trader</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Anything</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
	16. Date (month and year) last engaged in this work <u>Oct. 1, 1936</u>	17. Total time (years) spent in this work <u>2</u>	25. Date (month and year) last engaged in this work <u>Oct 6, 1936</u>		
26. Total time (years) spent in this work <u>4</u>					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>full term</u> { <u>9</u> months or weeks					
30. Cause of stillbirth <u>too large to be delivered alive</u>					
Before labor _____					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9:15</u> m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>Garrett B Ward</u> , M. D.					
or _____, Midwife					
Address <u>Cascade, Idaho</u>					
Filed <u>Oct 30</u> , 193 <u>6</u> <u>Marion Reedy</u>					
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ Registrar.					



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

101083

County of Valley
City of Arling Idaho

State File No.

NOV 12 1936 RECEIVED

Registration District No. 15

Primary Registration District No.

Local Registrar's No. 7

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Allen Roberts

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
Still Born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Arling Idaho

13. NAME John Roberts

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Annis Nelson

16. BIRTHPLACE (city or town) (State or country) VanWyck Idaho

17. INFORMANT Andrew Nelson
(Address) Arling Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Crown Point Date 10/9, 1936

19. UNDERTAKER A.R. Robb
(Address) Cascade Idaho

20. FILED Oct 9, 1936
Registrar Richard R. R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 8 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h_____ alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillbirth due to baby being too large to be born alive.

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Rescue B Ward, M. D.

(Address) Cascade Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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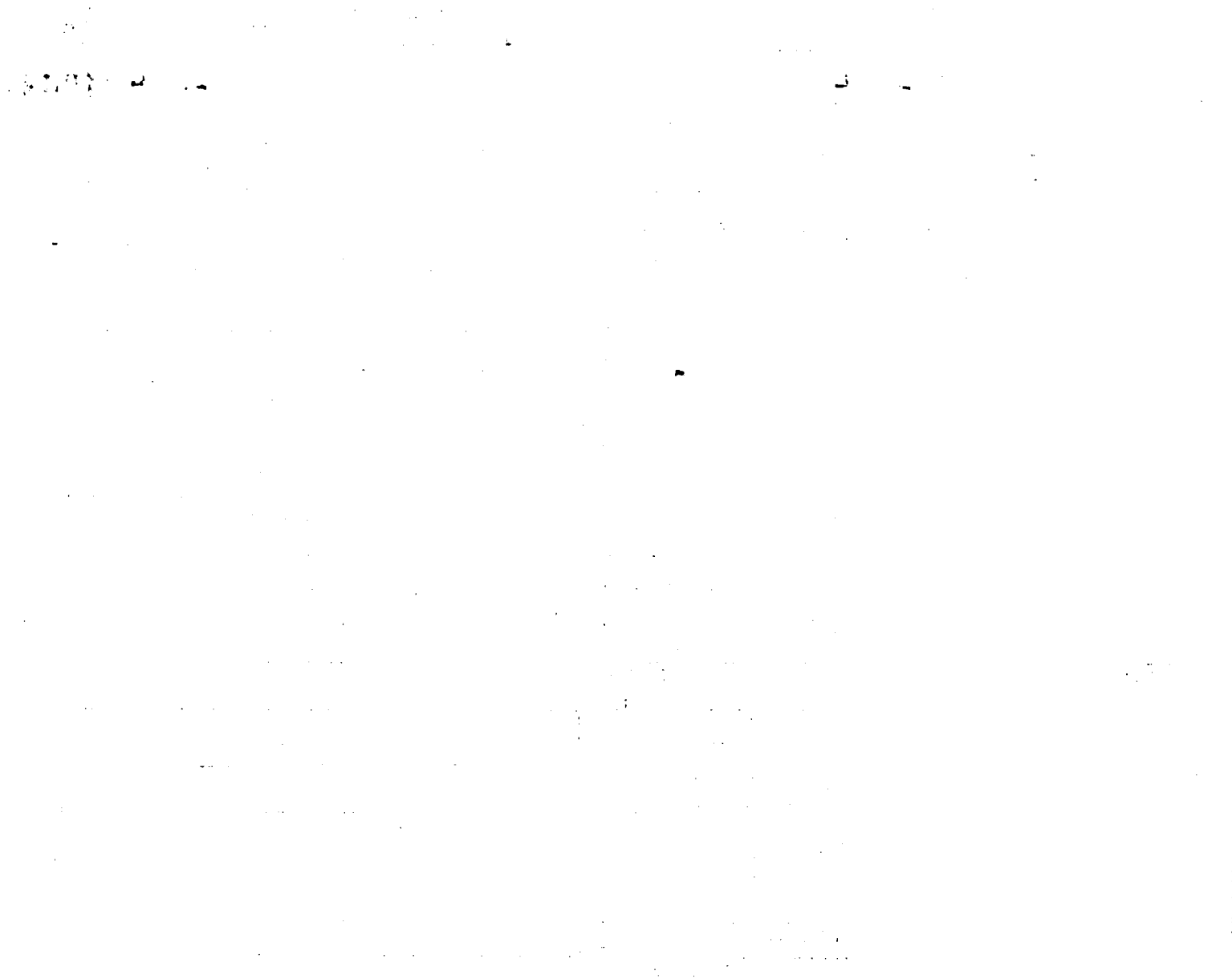
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Valley</u> City of <u>Clatskanie</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH - 249681	
(If born in hospital or institution give name.)		Registration District No. <u>15</u>	State File No. _____
2. FULL NAME OF CHILD		Prim. Registration District No. _____	Local Registrar's No. <u>36</u>
3. <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>Nov. 19, 1936</u> (Month, Day, Year)			
9. Full name <u>FATHER</u> <u>Ralph D. Douglas</u>		18. Full maiden name <u>MOTHER</u> <u>Mary Claudia Willey</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Clatskanie, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Clatskanie, Idaho</u>	
11. Color or race <u>W</u>		12. Age at last birthday <u>29</u> (years)	
20. Color or race <u>W</u>		21. Age at last birthday <u>21</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Tan W. York, Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Roseberry, Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Proprietor of general store</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
15. Date (month and year) last engaged in this work <u>11-14, 1936</u>		17. Total time (years) spent in this work <u>5</u>	
25. Date (month and year) last engaged in this work <u>11-14, 1936</u>		26. Total time (years) spent in this work <u>2</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Oxygon</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____		{ months or weeks _____	
I hereby certify that I attended the birth of this child, who was _____ at <u>9 30</u> m. on the date above stated. (Born Alive or Stillborn)		Cause of stillbirth <u>Premature separation of placenta</u> (Before labor or During labor)	
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____		(Signed) <u>Rose B. Ward</u> , M. D. or _____, Midwife Address <u>Cascade, Idaho</u> Filed <u>Nov 30</u> , 193 <u>6</u> <u>M. Gardner Ready</u> Registrar.	



M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Valley</u>	City of <u>Blauvelt</u>	CERTIFICATE OF DEATH		State File No. <u>101582</u>	
Registration District No. <u>15</u>		Primary Registration District No. _____		Local Registrar's No. <u>13</u>	
DEC 8 1936		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>James - Stillbirth</u>					
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 14 1936</u>					
7. AGE		Years	Month	Days	If LESS than 1 day, ... hrs. or ... min.
		<u>Stillbirth</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>				
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Blauvelt</u> (State or country) _____					
MOTHER/FATHER	13. NAME <u>Ralph M. Coughlin</u>				
	14. BIRTHPLACE (city or town) <u>Van Hook</u> (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Mary Claudia Willey</u>				
	16. BIRTHPLACE (city or town) <u>Blauvelt</u> (State or country) _____				
17. INFORMANT <u>Mary Claudia Willey</u> (Address) _____					
18. BURIAL, CREMATION OR REMOVAL Place _____ Date _____, 1936					
19. UNDERTAKER <u>W. S. H. Casper</u> (Address) _____					
20. FILED <u>Nov 30 1936</u> Registrar _____					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>11/14 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193..., to _____, 193....					
I last saw h... alive on _____, 193....; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Stillbirth</u> <u>Premature separation of placenta</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? ... Was there an autopsy? ...					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury... 1936					
Where did injury occur? ... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? ... If so, specify _____					
(Signed) <u>Harold B. Hard</u> M.D. (Address) <u>Blauvelt, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

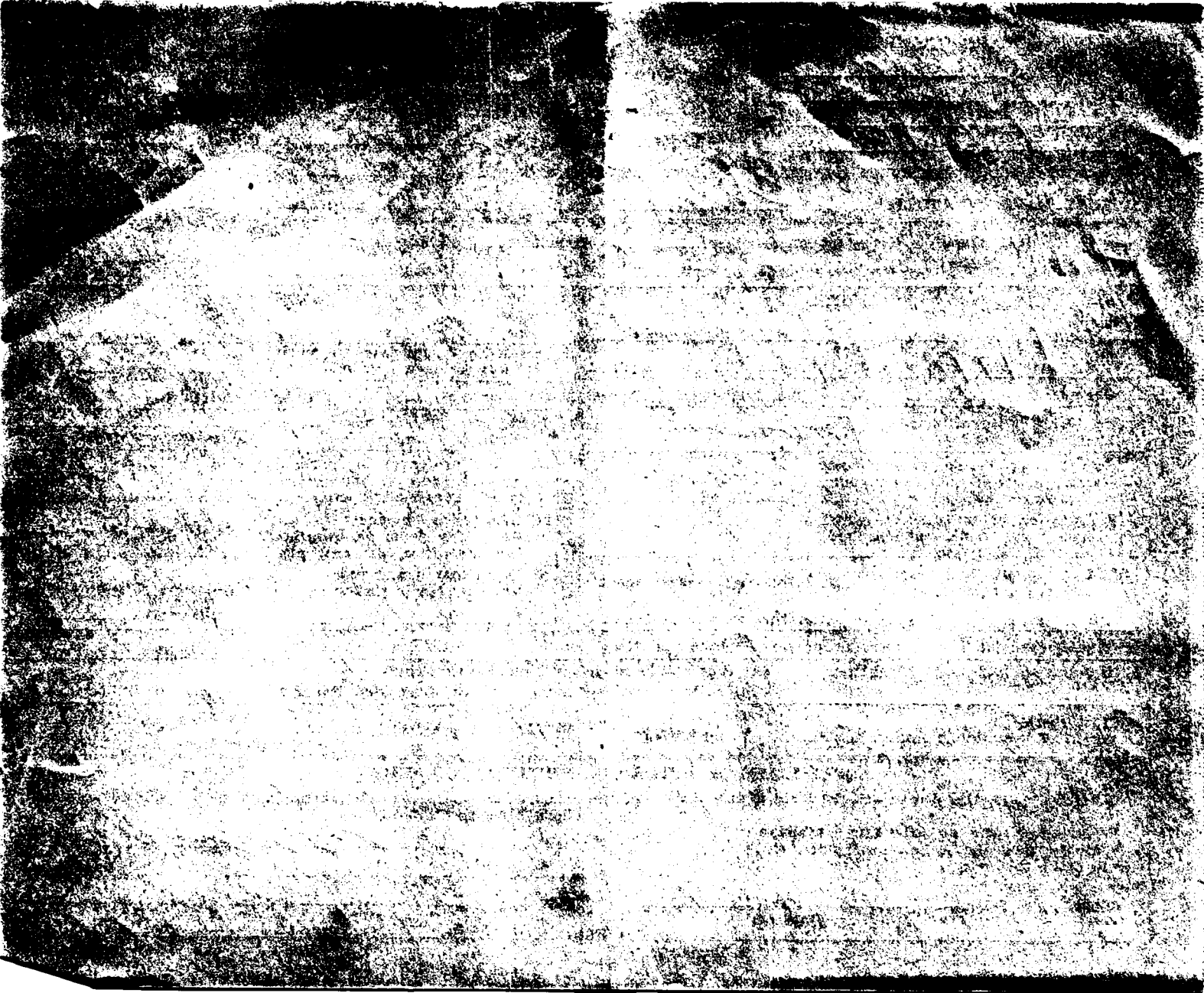
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Boise
No. St. Lukes St. _____
Registration District No. 2 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 1004 Local Registrar's No. 966
2. FULL NAME OF CHILD Stillborn

3. Sex <u>Female</u> If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>✓</u>	8. Date of birth <u>Nov 17, 1936</u> (Month, Day, Year)
9. Full name of FATHER <u>Ray Eugene Howland</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise</u>		18. Full maiden name of MOTHER <u>Loris Elizabeth Emory</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>19</u> (years)		20. Color or race <u>W</u>		
13. Birthplace (city or place) (State or Country) <u>Boise</u>			21. Age at last birthday <u>18</u> (years)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Patron</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			22. Birthplace (city or place) (State or Country) <u>Boise</u>		
16. Date (month and year) last engaged in this work <u>Nov 17, 1936</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>SW</u>		
17. Total time (years) spent in this work _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>same</u>		
18. Date (month and year) last engaged in this work <u>Nov 17, 1936</u>			25. Date (month and year) last engaged in this work <u>Nov 17, 1936</u>		
26. Total time (years) spent in this work _____			27. Total time (years) spent in this work _____		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living 0 (b) Born alive but now dead 4 (c) Stillborn 1
29. If stillborn, period of gestation 9 months { months or weeks _____
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30
I hereby certify that I attended the birth of this child, who was Stillborn at 9 m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
(Signed) R. B. Borch, M. D.
or Dr. W. H. H. H., Midwife
Address Boise Idaho
Filed 12-29-36, 1936 R. Sharp Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101143

Registration District No. 2
Primary Registration District No. 1004
(No. Sh. Lukas Sharp)

Local Registrar's No. 379

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Leroy Howland

(a) Residence. No. 1718 N 10th
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) —
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, and year) Nov. 17 - 1936
7. AGE Years Months Days If LESS than 1 day hrs. or min.
0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (mo. and yr.) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)13. NAME Leroy Howland14. BIRTHPLACE (city or town) Boise
(State or country) Idaho15. MAIDEN NAME Lois E. Emery16. BIRTHPLACE (city or town) Boise
(State or country) Idaho17. INFORMANT Leroy Howland
(Address) Boise Idaho18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 11/19, 193619. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho20. FILED 11-20, 1936 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-17 193622. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1936, to —, 1936.

I last saw — alive on —, 1936; death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:

Stillborn at full term

Date of onset

Other contributory causes of importance:
Intra abdominal pregnancy.

Name of operations Lapotomy Date of Nov 17What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 1936.Where did injury occur? —

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) R. Sharp
(Address) Boise Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*Diagnosis of extra uterine preg.
was not made while foetus
was alive therefore still born.*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Downey, Ida
No. _____ St. _____

RECEIVED
JAN 9 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 249812**

Registration District No. 23 State File No. _____

Prim. Registration District No. 2190 Local Registrar's No. 20

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stella Ann

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature NO 7. Legitimate? yes 8. Date of birth Dec - 20 1936
(Month, Day, Year)

9. Full name Martin Glen Henderson FATHER 18. Full maiden name Jonnie Hartwigsen MOTHER

10. Residence (usual place of abode) Downey, Ida (If non-resident, give place and State) 19. Residence (usual place of abode) Downey, Ida (If non-resident, give place and State)

11. Color or race m 12. Age at last birthday 30 (years) 20. Color or race m 21. Age at last birthday 30 (years)

13. Birthplace (city or place) Swan Lake, Ida (State or Country) 22. Birthplace (city or place) Downey, Idaho (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 5 years 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 5 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother, (At time of this birth and including this child) 2nd
(a) Born alive and now living one (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation about 7 months months or weeks _____ 30. Cause of Stillbirth polyhydramnios { During labor _____ Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stella Ann at 9:00 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) D. J. Hartwigsen, M. D.

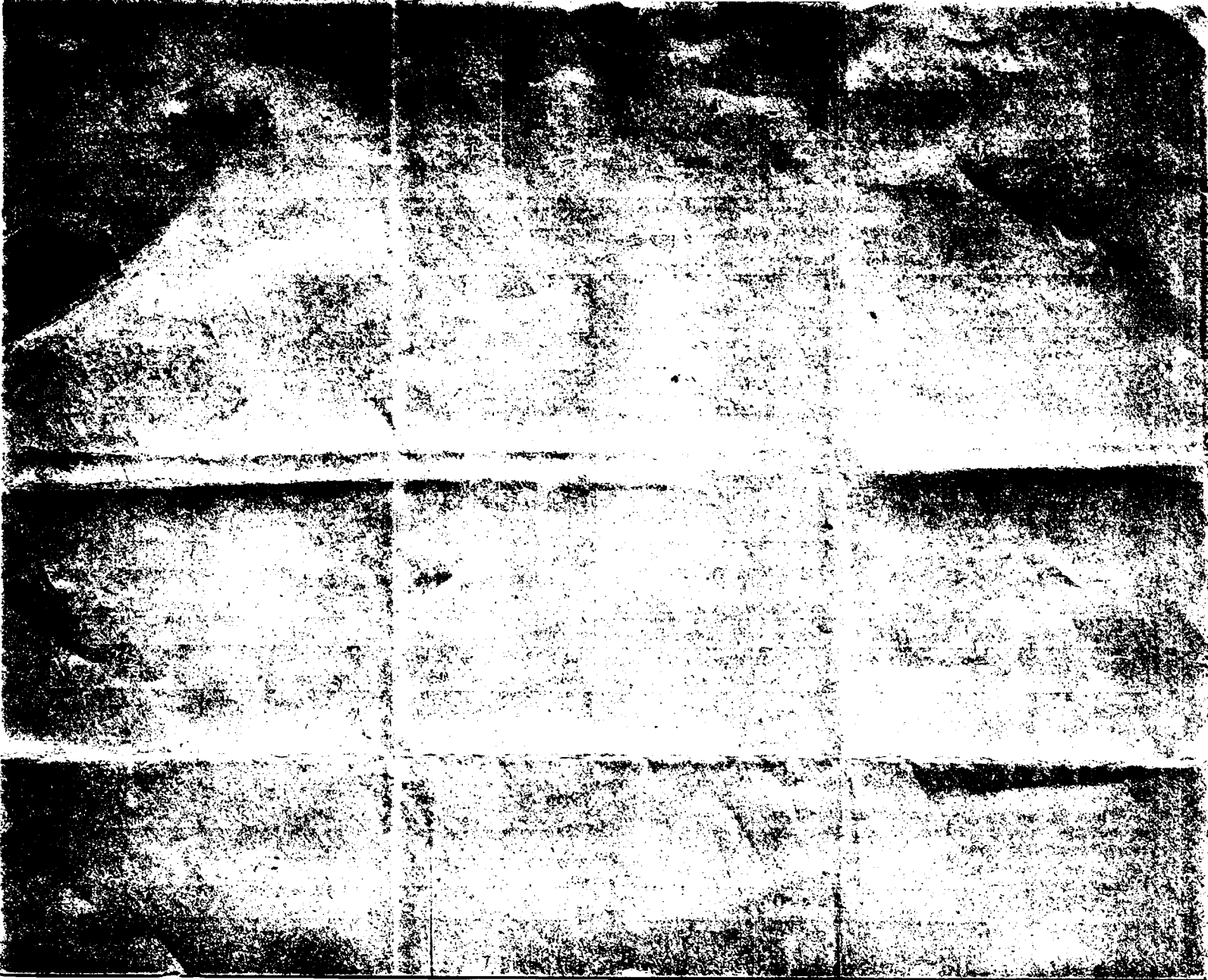
Give name added from a supplemental report _____ or _____, Midwife

Address Downey, Idaho

Filed Jan - 7 - 1937 Mary P. Coffin Registrar.

(Date of)

Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. **101691**
Registered No. **22**

1. PLACE OF DEATH
County of **Bannock** Registration District No. **83**
City of **Barnes** Primary Registration District No. **2160**
(No., (St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Single**
(Write the word.)

6. DATE OF BIRTH **December - 20 - 1936**
(Month) (Day) (Year)

7. AGE **0** Yrs. **0** Mos. **0** ds. IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE **Barnes, Idaho**
(State or Country)

10. NAME OF FATHER **Martin Glen Henderson**

11. BIRTHPLACE OF FATHER **Sloan Lake, Ida.**
(State or Country)

12. MAIDEN NAME OF MOTHER **Jennie Henderson**

13. BIRTHPLACE OF MOTHER **Barnes**
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Martin Glen Henderson**
(Address) **Barnes, Idaho**

15. Filed **Jan 5 - 1937** **Mary C. Coffey**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **December - 20 - 1936**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Dec - 20 - 1936** to **Dec - 20 - 1936** that I last saw him alive on **19** and that death occurred on the date stated above, at **2:00 P.M.**

The CAUSE OF DEATH* was as follows:
Stillbirth 7 mo. gestation

(Duration) Yrs. mos. ds.
Contributory (Secondary) **Polyhydramnios causing premature labor**
(Duration) Yrs. mos. ds.
(Signed) **J. J. Hargensen** M. D.
12-20-1936 (Address) **Barnes Idaho**

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL **Barnes Idaho** DATE OF BURIAL **12-20-1936**

20. UNDERTAKER ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Mania," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. M. Charles St. Pocatello Idaho

(If born in hospital or institution give name)

2. FULL NAME OF CHILD

Roy Mertz Anthony - Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth Dec 8, 1936 (Month, Day, Year)

9. Full name FATHER John LeRoy Anthony
10. Residence (usual place of abode) 234 So 3rd Pocatello
(If non-resident, give place and State) Pocatello
11. Color or race W 12. Age at last birthday 37 (years)
13. Birthplace (city or place) Fairfield Utah
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mechanical Engineer
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work year

18. Full maiden name MOTHER Rutherna Mary Mertz
19. Residence (usual place of abode) 234 So 3rd Pocatello
(If non-resident, give place and State) Pocatello
20. Color or race W 21. Age at last birthday 32 (years)
22. Birthplace (city or place) Galesburg Illinois
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Book keeper
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, Still born period of gestation Premature { 8 months or weeks

30. Cause of Stillbirth { Premature During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 3 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

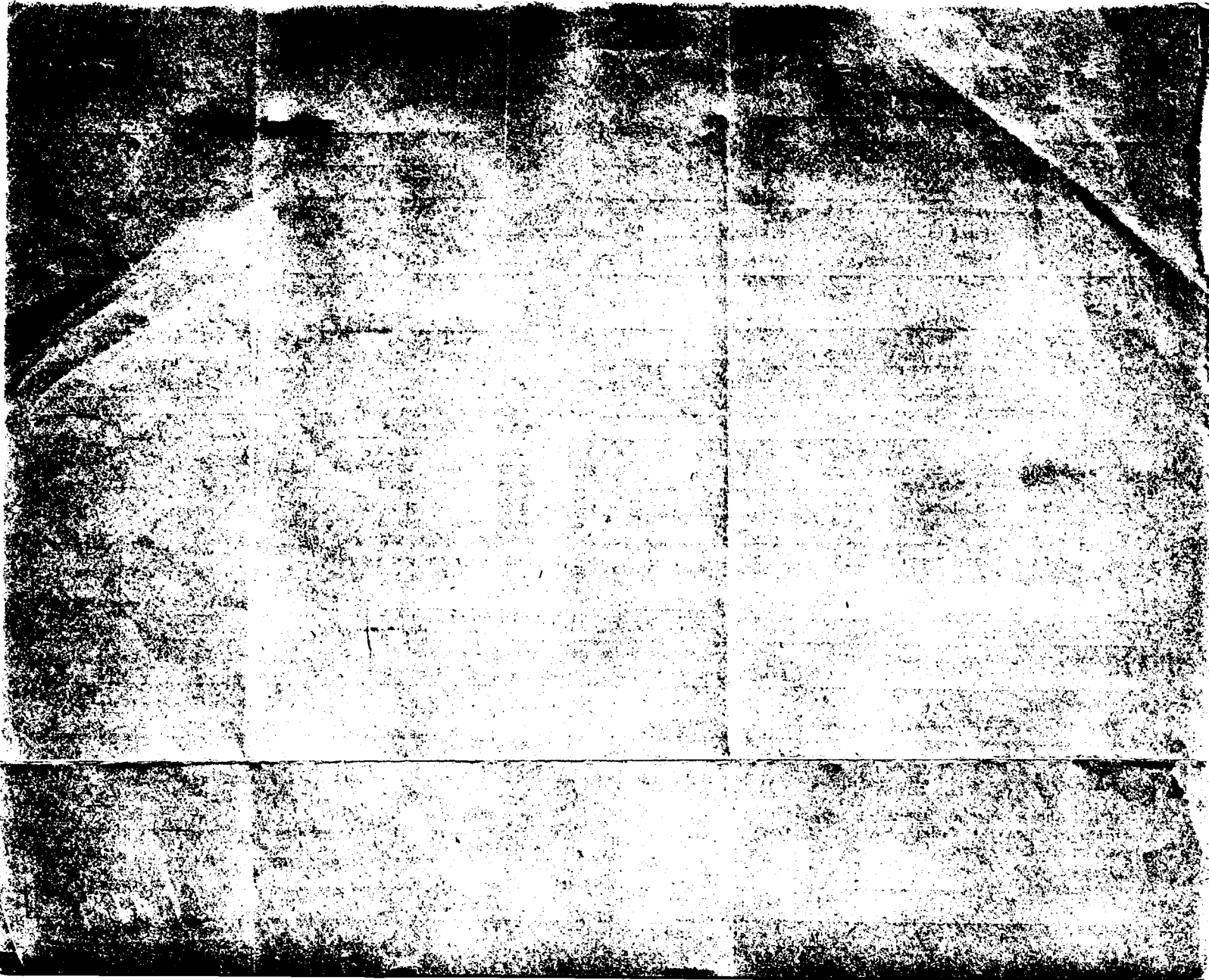
(Signed) [Signature] M. D.

or [Signature] Midwife

Address 234 So 3rd Pocatello Idaho

Filed 1-6, 1937

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>		CERTIFICATE OF DEATH		102183	
City of <u>Pocatello</u>				State File No. _____	
Registration District No. <u>28</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>845</u>	
(No. <u>Lynn</u> <u>Boys</u>) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Ray, Marty Anthony (Stillborn)</u> 206					
(a) Residence. No. <u>23450 Third</u> St. _____ (Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 8, '36</u>					
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Pocatello</u> (State or country) <u>Idaho</u>					
13. NAME <u>Ray Anthony</u>					
14. BIRTHPLACE (city or town) <u>Prepton</u> (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Ruthena Marty</u>					
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) _____					
17. INFORMANT <u>Ray Anthony</u> (Address) <u>23450 Third</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Mountain View</u> Date <u>Dec. 9, 1936</u>					
19. UNDERTAKER <u>Dawson's Funeral Home</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>12-9</u> , 19 <u>36</u> <u>D. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Dec. 8, 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>2/8</u> , 19 <u>36</u> , to <u>12/8</u> , 19 <u>36</u>					
I last saw him alive on <u>May</u> , 19 <u>36</u> ; death is said to have occurred on the date stated above, at <u>4:00</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Immature</u> <u>Born Dead</u>					
Other contributory causes of importance: <u>uremic</u> <u>mother</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? <u>Yes</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>36</u>					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>D. Ray</u> M. D. (Address) <u>Pocatello Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1. PLACE OF BIRTH
 County of Bingham
 City of Fruit, Idaho
 No. _____ St. 44 Registration District No. 121 State File No. 249883

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

S

(If born in hospital or institution give name) Prim. Registration District No. 2194 Local Registrar's No. 376

2. FULL NAME OF CHILD Stillborn McKague

3. Sex girl If plural births { 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth 11-19 1936 (Month, Day, Year)

9. Full name FATHER Earl Wilson McKague 10. Residence (usual place of abode) Fruit (If non-resident, give place and State) 11. Color or race White 12. Age at last birthday 38 (years) 13. Birthplace (city or place) Boulder, Montana (State or Country)

18. Full maiden name MOTHER Lawella Browning 19. Residence (usual place of abode) Fruit (If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 31 (years) 22. Birthplace (city or place) Lewiston, Idaho (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Service Station operator 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Leasee 16. Date (month and year) last engaged in this work 11-19 1936 17. Total time (years) spent in this work 2 yrs OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work 11-19 1936 26. Total time (years) spent in this work 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

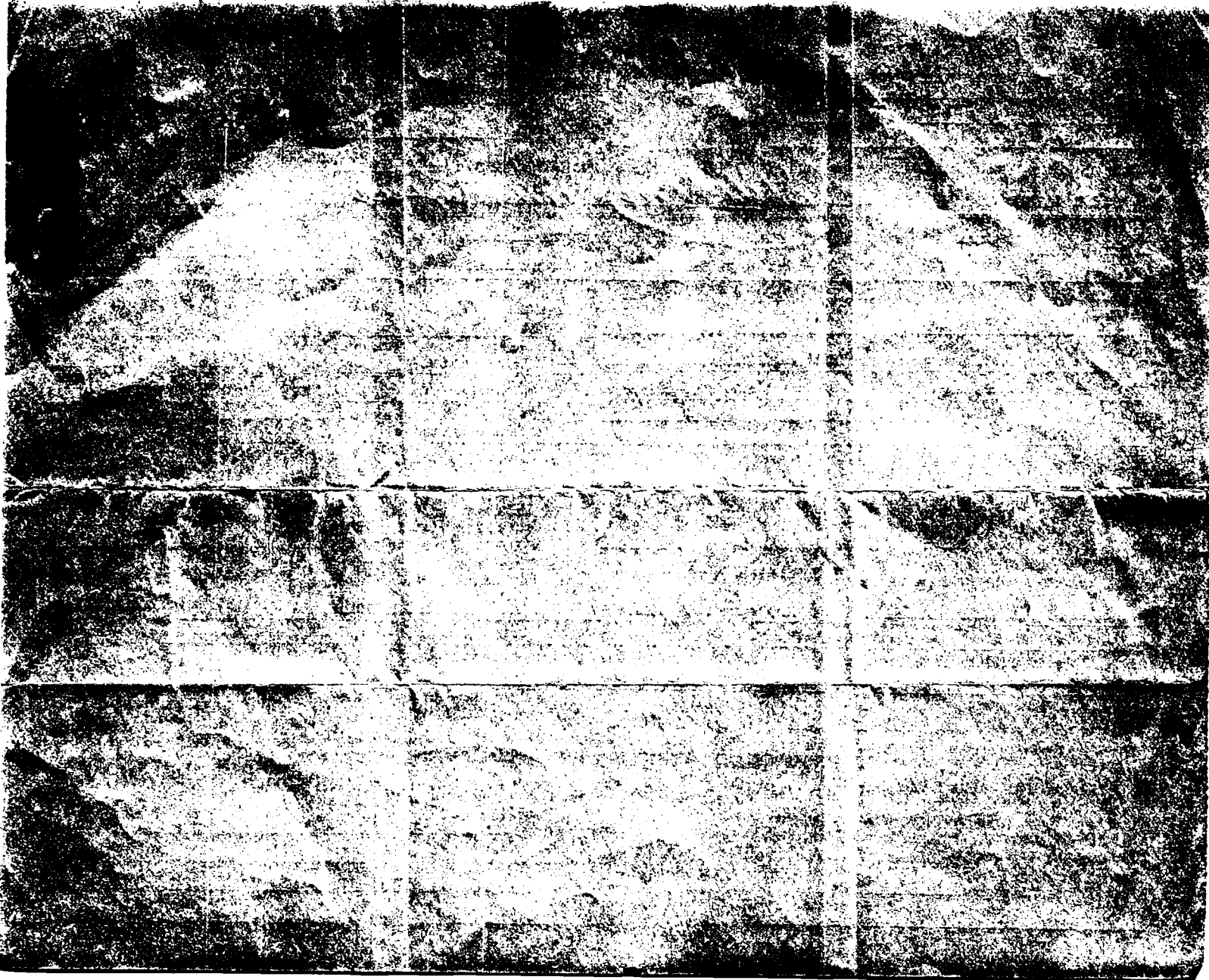
29. If stillborn, period of gestation 8 months { months or weeks _____ 30. Cause of Stillbirth Traumatic Head Injury During labor. Accidental Before labor. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 4 P.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report. _____ (Date of) _____

(Signed) Edna Carter, M. D. or Box 86, Midwife Address Shelley, Idaho Box 86 Filed Jan. 4 1937 McKague & Lurie Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		Registration District No. <u>121</u>		State File No. <u>101703</u>	
City of <u>7th</u>		Primary Registration District No. <u>21912</u>		Local Registrar's No. <u>198</u>	
JAN 1 1936					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Mc Rague</u>					
(a) Residence. No. <u>7th St.</u> St. <u></u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>11-19-36</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Fort Collins, Colo.</u>					
13. NAME <u>Earl Wilson Mc Rague</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Boulder, Montana</u>					
15. MAIDEN NAME <u>Luelle Browning</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT (Address) <u>Earl W. Mc Rague</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Funeral Home</u> <u>11/20, 1936</u>					
19. UNDERTAKER (Address) <u>Idaho</u>					
20. FILED <u>Dec 13</u> , 1936 <u>Mr. Waters</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>11-19-1936</u>					
22. I HEREBY CERTIFY That I attended deceased from <u>11-19-1936</u> , 1936					
I last saw him alive on <u>11-12-36</u> , 1936; death is said to have occurred on the date stated above, at <u>11-19-36</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Accidental head injury to mother about 11-12-36</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury, 1936					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>Shelley V. R.</u> , M. D.					
(Address) <u>Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH

County of Blaine
City of Nashley
No. _____ St. _____

Nashley Clinical Hospital
(If born in hospital or institution give name.)

Registration District No. _____

Prim. Registration District No. _____

State File No. _____

Local Registrar's No. _____

2. FULL NAME OF CHILD

Ellen Ruby Rohrbaugh

3. Sex

Female

If plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term

7. Legiti-

mate? yes

8. Date of birth

Dec 13, 1936

(MONTH, DAY, YEAR)

9. Full name

FATHER

Victor Marion Rohrbaugh

10. Residence (usual place of abode)

(If non-resident, give place and State) Carey

11. Color or race

W.

12. Age at last birthday

27

(years)

13. Birthplace (city or place)

(State or country)

Wallace Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

19

17. Total time (years) spent in this work

OCCUPATION

18. Full maiden name

MOTHER

Ellen Blanche Hegstrom

19. Residence (usual place of abode)

(If non-resident, give place and state) Carey

20. Color or race

W.

21. Age at last birthday

21

(years)

22. Birthplace (city or place)

(State or country)

Centennial Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

19

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 1

28. If stillborn,

period of gestation 6 mo

months

or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 6:45 m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed)

M. D.

or

Midwife

Address

Nashley, Idaho

Filed

1-1

1937

Robert H. Wright

Registrar

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

SECRET

SECRET

SECRET

SECRET

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Blaine
City of Hailey

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101729

Registration District No. 57

Primary Registration District No. 2022

Local Registrar's No. 56

(No. Hailey Clinical Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ellen Ruby Rohrbach

(a) Residence. No. _____
(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced, (write the word) child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-13-36

7. AGE Years _____ Months 2 Days 11 If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Hailey
(State or country) Idaho

13. NAME Victor Marion Rohrbach

14. BIRTHPLACE (city or town) Wallace
(State or country) Idaho

15. MAIDEN NAME Ellen Hegstrom

16. BIRTHPLACE (city or town) Central
(State or country) Idaho

17. INFORMANT V. M. Rohrbach
(Address) Hailey, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Hailey Date 12-14, 1936

19. UNDERTAKER Ray Mc Goldrick
(Address) Hailey, Idaho

20. FILED 1-1, 1937 Robert H. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-13 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h. _____ alive on _____, 193____; death is said to have occurred on the date stated above, at 7 P. m. The principal cause of death and related causes of importance were as follows:

Immature fetus
Pregnancy aborted
because of acute
infection of mother.

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) E. W. J., M. D.

(Address) Hailey, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as ~~at school~~ or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Idaho Falls, Idaho
No. Memorial Drive St. S. D. Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
249979

Registration District No. 73 State File No. _____
Prim. Registration District No. 214-0 Local Registrar's No. 752

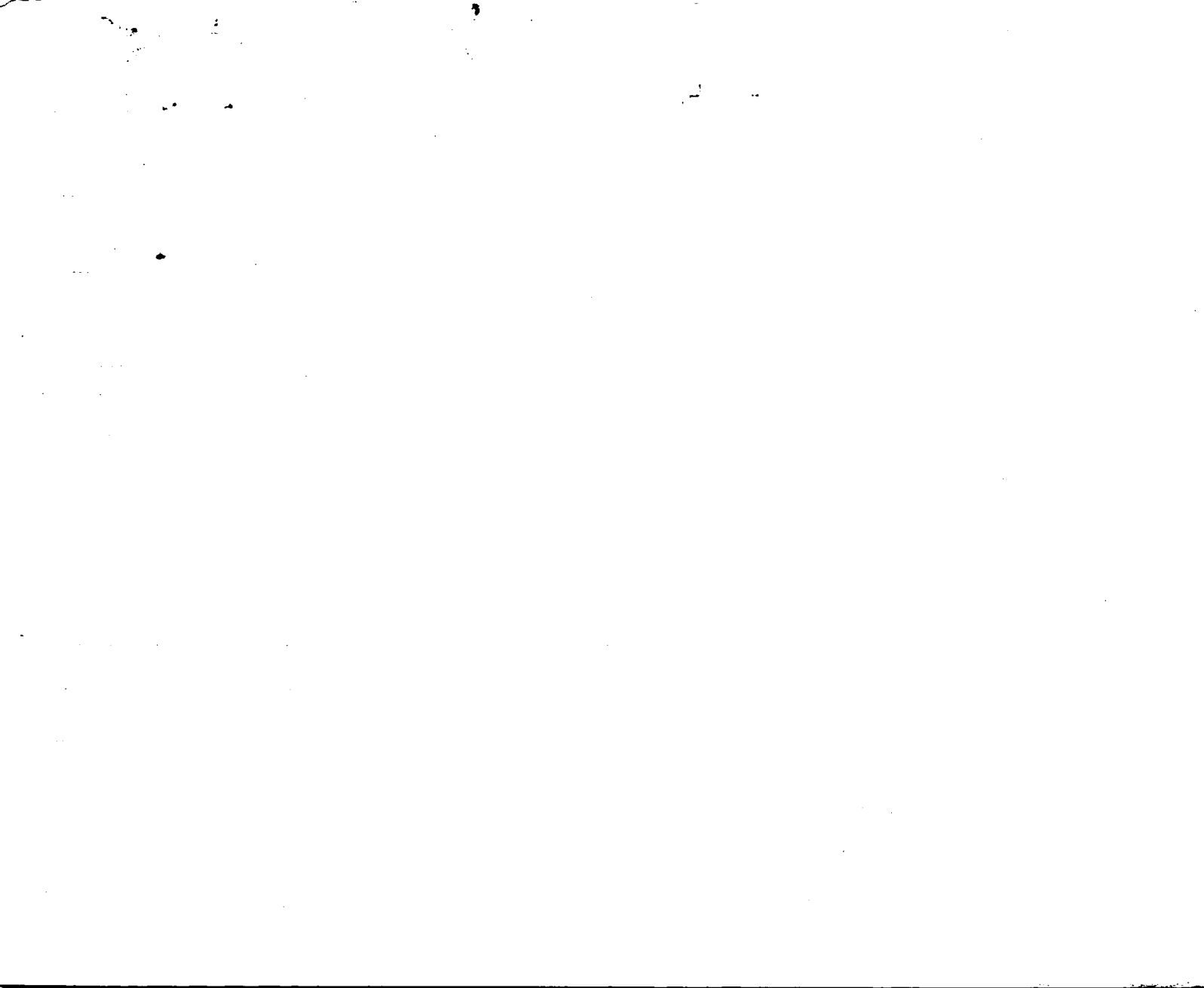
2. FULL NAME OF CHILD

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>3 weeks</u> Legiti- Full term _____ mate? <u>yes</u>	8. Date of birth <u>Nov. 5</u> , 1936 (Month, Day, Year)
9. Full name <u>Myrtle Edward Heller</u>		18. Full maiden name <u>Pamela Miller</u>	
10. Residence (usual place of abode) <u>Idaho Falls</u> (If non-resident, give place and State) <u>Idaho</u>		19. Residence (usual place of abode) <u>Idaho Falls</u> (If non-resident, give place and State) <u>Idaho</u>	
11. Color or race <u>White</u> 12. Age at last birthday <u>27</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>26</u> (years)	
13. Birthplace (city or place) <u>Indianapolis</u> (State or Country) <u>Indiana</u>		22. Birthplace (city or place) <u>Idaho</u> (State or Country) <u>Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>✓</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work <u>Nov.</u> , 1936
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work <u>3 years</u>	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of stillbirth _____ { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:30 p. m. on the date above stated.
(Born Alive or Stillborn)
(Signed) H. Lloyd Schiess, M. D.
or Shelley, Midwife
Address Idaho Falls, Idaho
Filed Dec 10, 1936 C. Cunningham
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 101239

Registration District No. 3

Primary Registration District No. 214-2 Local Registrar's No. 218

7 1936 RECEIVED
(If death occurred in a hospital or institution, give its name instead of street and number)
S. S. S. Hospital

2. FULL NAME

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Still birth

6. DATE OF BIRTH (month, day, and year) Nov. 5, 1936

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

13. NAME Myrl Edward Miller
14. BIRTHPLACE (city or town) Indianapolis, Indiana
(State or country)

15. MAIDEN NAME Camela Miller
16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Mrs. Annie Miller
(Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls, Idaho Date Nov. 6, 1936

19. UNDERTAKER none
(Address)

20. FILED Nov 6, 1936 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1936, to Nov. 5, 1936

I last saw him alive on _____, 1936: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn
Asphyxia from strangulation of cord
Date of onset Nov. 3/36

Other contributory causes of importance:

Name of operation Bag induction (Chl) Date of Nov 5/36
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) W. Lloyd Schenck, M. D.

(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249985

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. L. D. B. Hospital St.
(If born in hospital or institution give name.)

Registration District No. 3 State File No. _____
Prim. Registration District No. 214-0 Local Registrar's No. 758

2. FULL NAME OF CHILD

Still born

3. Sex girl If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature Yes 7. Legitimate? yes 8. Date of birth 11-21-1936 (Month, Day, Year)

9. Full name FATHER Joseph Owen Benson
10. Residence (usual place of abode) 266 3rd St. Idaho Falls
(If non-resident, give place and State) Idaho Falls
11. Color or race White 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Salt Lake City
(State or Country) Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Idaho Falls, Id.
16. Date (month and year) last engaged in this work Nov. 1936 17. Total time (years) spent in this work 10 years

18. Full maiden name MOTHER Helene Hansen
19. Residence (usual place of abode) 266 3rd St. Idaho Falls, Id.
(If non-resident, give place and State) Idaho Falls, Id.
20. Color or race W. 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Idaho Falls
(State or Country) Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Nov. 1936 26. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) John O. Muller, M. D.

or _____, Midwife

Address Idaho Falls Idaho

Filed Dec 2, 1936 Official

Registrar.

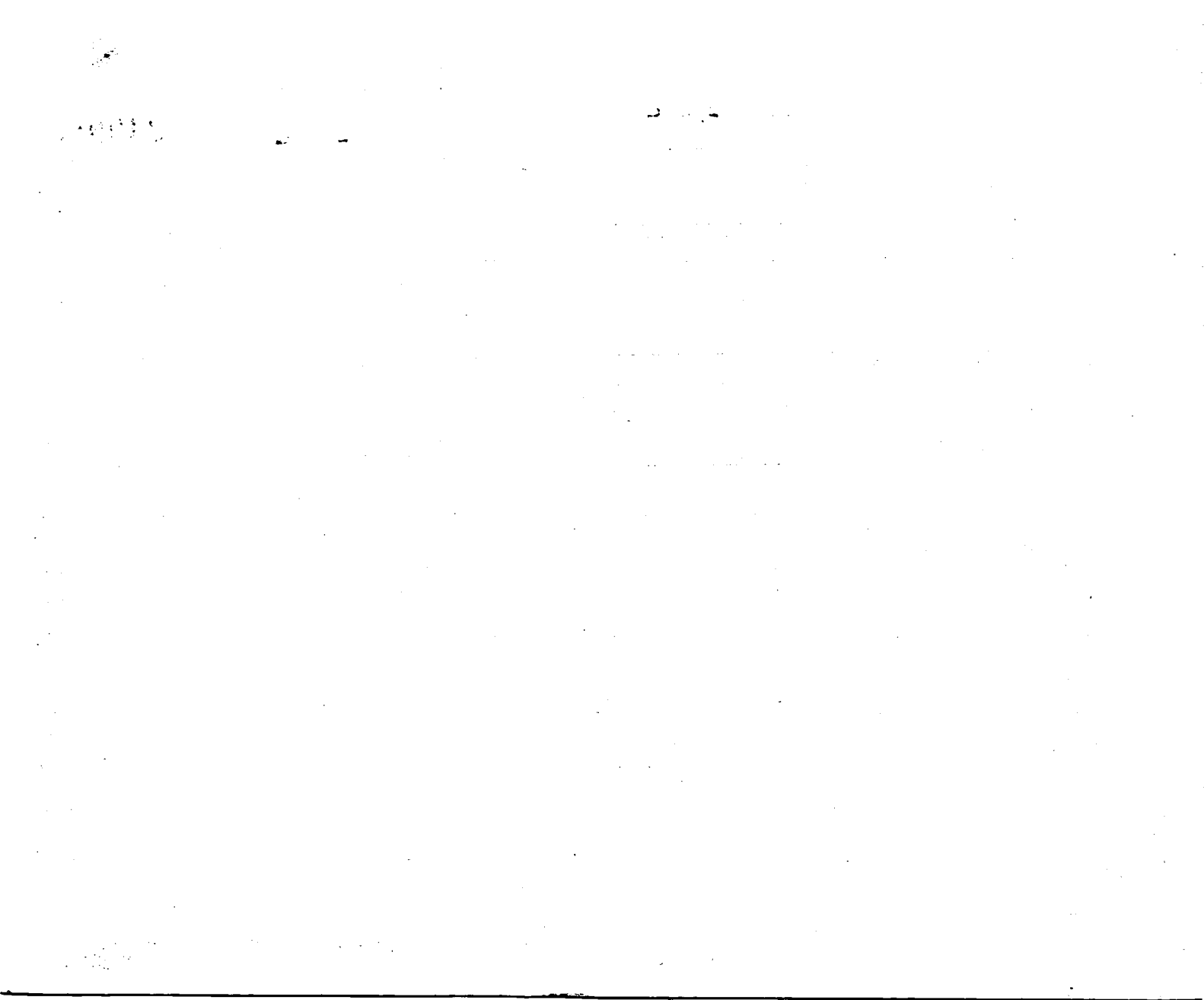
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
County of <u>Bonneville</u>		DO NOT WRITE IN THIS SPACE 101748	
City of <u>Idaho Falls</u>		State File No. _____	
Registration District No. <u>13</u>			
Primary Registration District No. <u>210-0</u>		Local Registrar's No. <u>239</u>	
(No. <u>L.D.S. Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Stillborn</u>			
(a) Residence. No. _____ St. _____			
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>girl</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>	
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Stillborn</u>			
6. DATE OF BIRTH (month, day, and year) <u>11-21-36</u>			
7. AGE Years _____ Months _____ Days _____	If LESS than 1 day _____ hrs. or _____ min.		
<u>Stillborn</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
10. Date deceased last worked at this occupation (mo. and yr.) _____			
11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) <u>L.D.S. Hospital</u> (State or country) <u>Idaho Falls, Idaho</u>			
13. NAME <u>Joseph Owen Benson</u>			
14. BIRTHPLACE (city or town) <u>Salt Lake City</u> (State or country) <u>Utah</u>			
15. MAIDEN NAME <u>Helen Hansen</u>			
16. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) _____			
17. INFORMANT <u>Mr. Joseph Owen Benson</u> (Address) <u>766 1st St. Idaho Falls</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>L.D.S. Hospital</u> Date <u>1/21</u> , 193 <u>6</u>			
19. UNDERTAKER (Address) <u>None</u>			
20. FILE <u>Idaho</u> , 193 <u>6</u> <u>E. J. Giffman</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>1/21</u> 193 <u>6</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____			
I last saw him alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
<u>Still birth at about 5 1/2 mo. gestation from eclampsia and acute nephritis of mother</u>			
Other contributory causes of importance: _____			
<u>Explanatory immediately before onset convulsions</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____			
Where did injury occur? _____ (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____			
(Signed) <u>J. D. Miller</u> , M. D.			
(Address) <u>Idaho Falls, Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Dominville</u> City of <u>Idaho Falls</u> No. <u>Memorial Drive St.</u> <u>V. O. S. Hospital</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 250037 Registration District No. <u>73</u> State File No. _____ Prim. Registration District No. <u>6140</u> Local Registrar's No. <u>810</u> <u>Stillborn</u>	
2. FULL NAME OF CHILD _____			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>2ma</u> Full term _____	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Dec 7, 1936</u> (Month, Day, Year)			
9. Full name FATHER <u>Ralph C. Clappin</u>		18. Full maiden name MOTHER <u>Dorothy Claudine Morley</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>	
11. Color or race <u>White</u> 12. Age at last birthday <u>32</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Kansas City, Mo.</u>		22. Birthplace (city or place) (State or Country) <u>Idaho Falls, Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Territorial Manager</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>General Motor Co.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work <u>December, 1934</u>		25. Date (month and year) last engaged in this work <u>December, 1934</u>
17. Total time (years) spent in this work <u>2 years</u>		26. Total time (years) spent in this work <u>3 years</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>			
28. Number of children of this mother / (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of stillbirth _____ { Before labor. _____ During labor. _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

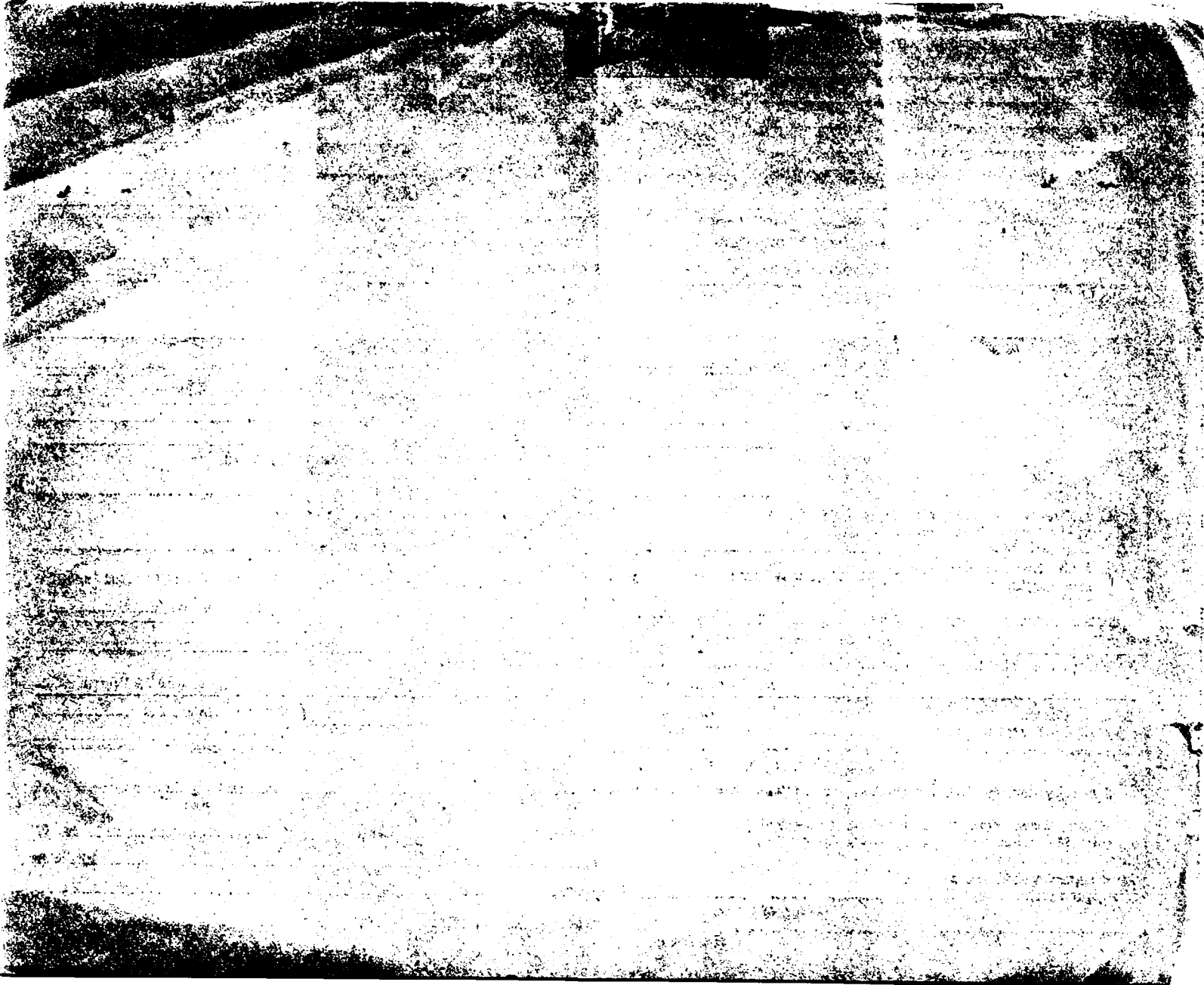
I hereby certify that I attended the birth of this child, who was Stillborn at 5 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar. _____

(Signed) Ray Hatch, M. D.
or _____ Midwife
Address Idaho Falls, Idaho
Filed Jan 4, 1937 Confined
Registrar. _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
101750
State File No. _____

Registration District No. 73

Primary Registration District No. 2150

Local Registrar's No. 241

(No. L. D. S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Chapin

(a) Residence. No. Shoup Ave. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Dec. 7, 1936

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho

13. NAME Ralph C. Chapin

14. BIRTHPLACE (city or town) Missouri (State or country) _____

15. MAIDEN NAME Dorothy Morley

16. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho

17. INFORMANT Ralph C. Chapin (Address) Idaho Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Dec. 8, 1936

19. UNDERTAKER Jack A. Wood (Address) Idaho Falls, Idaho

20. FILED 12/18, 1936 Jefferson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Still born to born, 1936

I last saw him alive on, 1936: death is said to have occurred on the date stated above, at 5:15 P. m. The principal cause of death and related causes of importance were as follows:

Date of onset

Still born
Premature 7 1/2 months
12/7/36

Other contributory causes of importance:

mother had
nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) H. Ray Hatch, M. D.

(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Custer
City of Mayes
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

DEC 31 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

Registration District No. 76

State File No. 250211

Prim. Registration District No. 2153

Local Registrar's No. 485

3. Sex F If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature ✓ 7. Legitimate? yes 8. Date of birth 11 5 1936 (Month, Day, Year)

9. Full name Lloyd Carter FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Mayes, Ida.
11. Color or race Wh. 12. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or country) MT. Pleasant, Mo.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Dec. 1935
17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 8 mo. months or weeks 30. Cause of stillbirth Placenta Previa Before labor ✓ During labor -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4 p. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. P. Richards, M. D.

or _____, Midwife

Give name added from a supplemental report _____

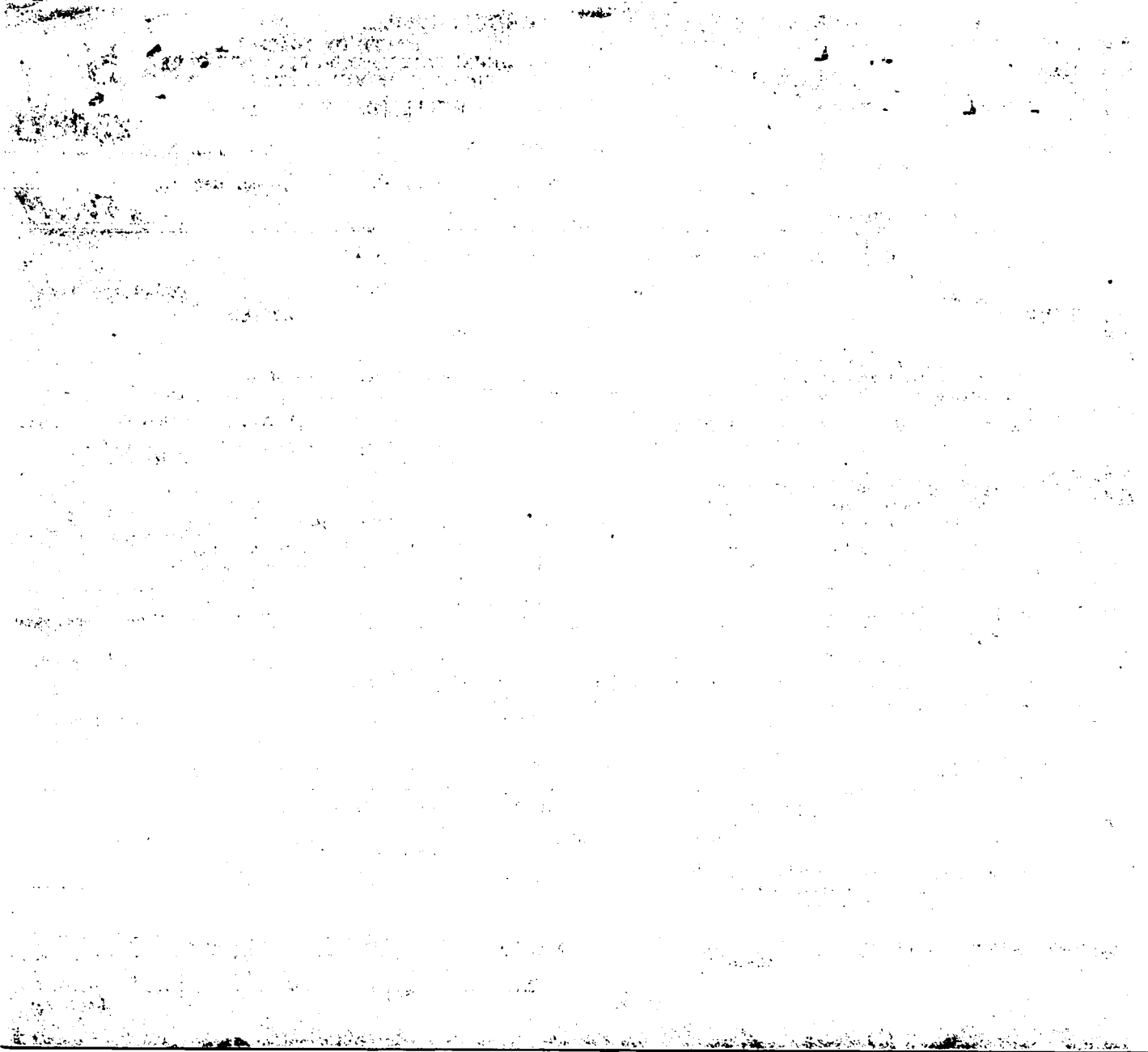
(Date of)

Address Mayes, Idaho

Filed Dec. 29 1936 R. O. N. Philbrick

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of CusterCity of Macdonay

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 101860

DEC 21 1936 RECEIVED

Registration District No. 76
Primary Registration District No. 2133Local Registrar's No. 209(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Stella Sandra Porter

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE wh5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) 11/5/367. AGE Years Months Days If LESS than 1 day, hrs. or min.
— — — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Macdonay Idaho
(State or country)13. NAME Lloyd Porter14. BIRTHPLACE (city or town) My Pleasant
(State or country) Idaho15. MAIDEN NAME Stella Mackay16. BIRTHPLACE (city or town) Bridgewater
(State or country) Virginia17. INFORMANT (Address) Lloyd Porter
Macdonay Idaho18. BURIAL, CREMATION, OR REMOVAL Place Macdonay Ida Date 11/6, 193619. UNDERTAKER Relatives
(Address)20. FILED 12/29, 1936 Rose N. Thibodeau
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/5, 193622. I HEREBY CERTIFY, That I attended deceased from 11/5/36, 193, to 11/5/36, 193.I last saw h. alive on 11/5/36, 193; death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Placenta PreviaConception

Other contributory causes of importance:

Name of operation Podalic Version Date of 11/5/36What test confirmed diagnosis? Spec Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193.Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify J. P. Richards, M. D.(Signed) J. P. Richards, M. D.(Address) Macdonay Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

008101

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

2-426
PLACE OF BIRTH
County of Tesquonant
City of St. Anthony
No. E-6th North St.

NOV 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

250259

Registration District No. 99 State File No. 891
Prim. Registration District No. 2177 Local Registrar's No. 891

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth Oct. 21, 1936 (Month, Day, Year)

9. Full name FATHER Arthur Colon
10. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony, Mo.
11. Color or race white 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Colorado

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER Marcella Thomas
19. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony, Mo.
20. Color or race white 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Utah

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 2

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth { Before labor _____ During labor gas

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Lorin S. Rich, M. D.

or _____, Midwife

Address Rexburg Idaho

Filed Nov 8 1936 Sarah B. Mark

Registrar.

638065

THE

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 101351 State File No.	
County of <u>Prescott</u>		City of <u>St. Anthony</u>		Registration District No. <u>29</u> Primary Registration District No. <u>2177</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>237</u>		206	
2. FULL NAME <u>Baby Colon</u>					
(a) Residence. No. St. (Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Oct 21, 1936</u>					
7. AGE Years Months Days		If LESS than 1 day, hrs. or min.			
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation		12. BIRTHPLACE (city or town) <u>St. Anthony</u> (State or country) <u>Idaho</u>			
FATHER		13. NAME <u>Arthur Colon</u>			
14. BIRTHPLACE (city or town) (State or country)		<u>Colorado</u>			
MOTHER		15. MAIDEN NAME <u>Mariella Thomas</u>			
16. BIRTHPLACE (city or town) (State or country)		<u>Utah</u>			
17. INFORMANT (Address)		<u>Arthur Colon</u> <u>St. Anthony, Idaho</u>			
18. BURIAL, CREMATION, OR REMOVAL Place		<u>Idaho Falls</u> Date <u>10-23</u> 193 <u>6</u>			
19. UNDERTAKER (Address)		<u>none</u>			
20. FILED <u>10-22, 1936</u>		<u>Sarah B. Munk</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-21, 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>10-21-1936</u> to <u>10-21-36</u> , 193 <u>6</u>					
I last saw him <u>at St. Anthony</u> , 193 <u>6</u> ; death is said to have occurred on the date stated above, at <u>6 P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>St. Anthony</u> <u>Prolonged delivery</u>					
Other contributory cause of importance: <u>Contracted Pelvis of Mother</u>					
Name of operation <u>Forsion</u> Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? Date of injury 193 <u>6</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation or deceased?					
If so, specify <u>Long & Rich</u> M. D. (Signed) <u>Resburg, Idaho</u> (Address) <u>36</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

RECEIVED

JAN 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250270

1. PLACE OF BIRTH
County of Frederick
City of St. Anthony
No. St. Anthony Gen. Hosp. St.

Registration District No. 99 State File No. 250270
Prim. Registration District No. 2177 Local Registrar's No. 922

2. FULL NAME OF CHILD

Stillborn

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth Dec-12, 1936
(If born in hospital or institution give name.) 5. Number, in order of birth _____ Full term _____ (Month, Day, Year)

9. Full name FATHER William A. Edginton 18. Full maiden name MOTHER Blanche Young
10. Residence (usual place of abode) Twin Groves, Ida. 19. Residence (usual place of abode) Twin Groves, Ida.
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 36 (years) 20. Color or race white 21. Age at last birthday 36 (years)
13. Birthplace (city or place) Wilford, Ida. 22. Birthplace (city or place) St. Anthony, Ida.
(State or Country) (State or Country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>laborer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>House work</u>
	16. Date (month and year) last engaged in this work _____ 19 _____		25. Date (month and year) last engaged in this work _____ 19 _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 1
29. If stillborn, period of gestation 7 mo. { months or weeks 30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:25 a.m. on the date above stated.
(Born Alive or Stillborn)

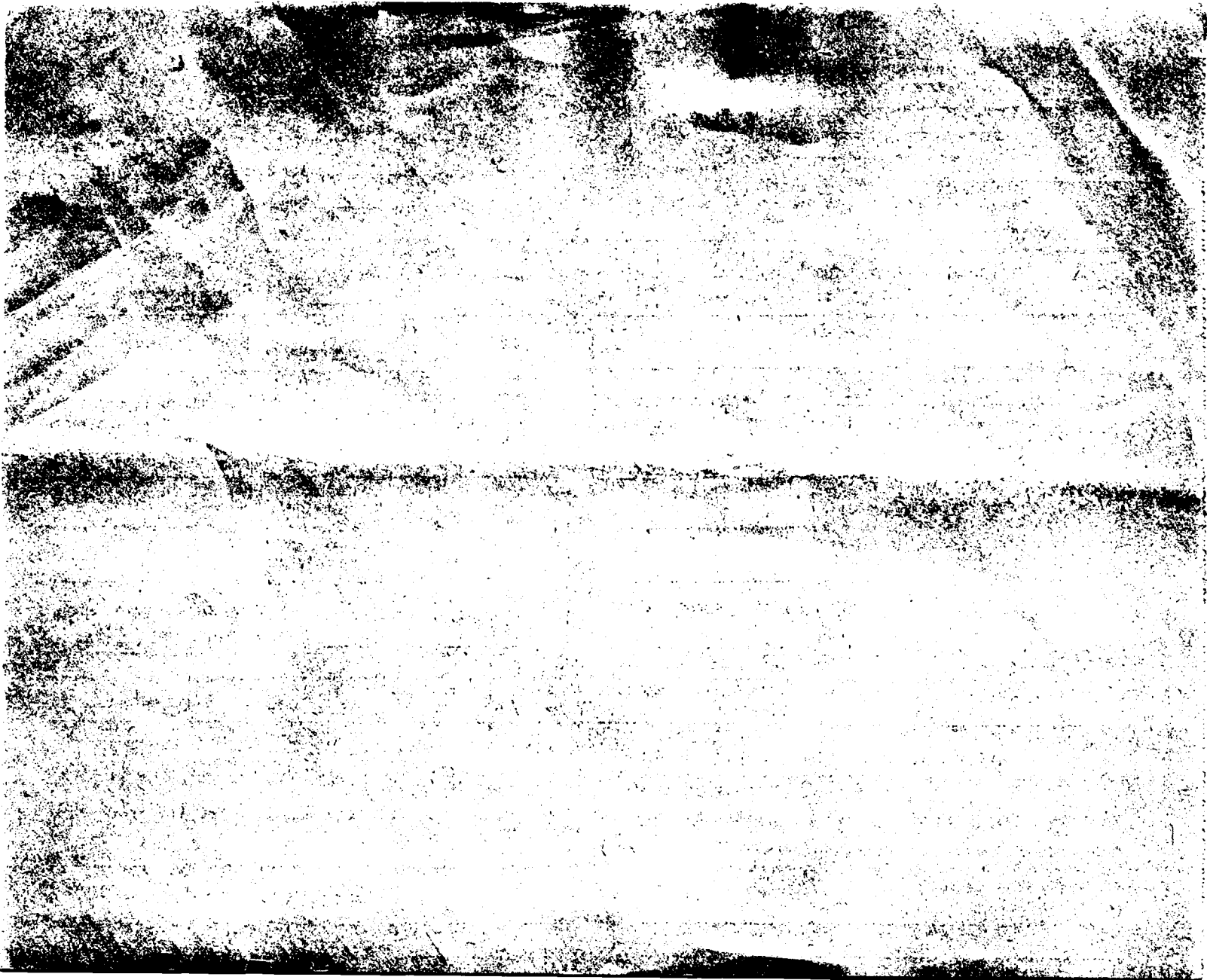
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) R. M. Murrell M. D.
or _____ Midwife
Address St. Anthony, Idaho
Filed Jan-7, 1937 Sarah B. Murrell Registrar.

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		CERTIFICATE OF DEATH	
County of <u>Fremont</u>		State File No. <u>101881</u>	
City of <u>St. Anthony, Idaho</u>		Registration District No. <u>99</u>	
RECEIVED JAN 13 1937		Primary Registration District No. <u>2177</u>	
(No. _____)		Local Registrar's No. <u>301</u>	
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME _____			
(a) Residence. No. _____		St. _____	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>		4. Color or Race _____	
5. Single, Married, Widowed or Divorced (write the word) <u>Still born</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Dec 12-36</u>			
7. AGE Years _____ Months _____ Days _____		If LESS than 1 day... hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
10. Date deceased last worked at this occupation (mo. and yr.) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or country) <u>St. Anthony, Idaho</u>			
13. NAME <u>William A. Edginton</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Willard, Idaho</u>			
15. MAIDEN NAME <u>Blanch Young</u>			
16. BIRTHPLACE (city or town) (State or country) <u>St. Anthony, Idaho</u>			
17. INFORMANT <u>William A. Edginton</u>			
18. BURIAL, CREMATION OR REMOVAL Place... <u>Willard, Idaho</u> Date <u>Dec. 13 1936</u>			
19. UNDERTAKER <u>None</u>			
20. FILED <u>Dec. 12 1936</u> <u>Sarah B. Quirk</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>Dec 12 1936</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 12, 1936</u> , to <u>Dec. 12, 1936</u> .			
I last saw him alive on <u>Dec 12, 1936</u> ; death is said to have occurred on the date stated above, at <u>Willard, Idaho</u> . The principal cause of death and related causes of importance were as follows: <u>Still born</u>			
			Date of onset _____
Other contributory causes of importance: _____			
Name of operation _____ Date of _____			
What test confirmed diagnosis?.... Was there an autopsy?..			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193.			
Where did injury occur?..... (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased?.... If so, specify _____ (Signed) <u>Dr. M. D.</u> (Address) <u>St. Anthony, Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

250320

1. PLACE OF BIRTH
County of Idaho
City of Cottonwood
No. _____ St. _____

Registration District No. 105 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2183 Local Registrar's No. 93

2. FULL NAME OF CHILD Michela Schopf Still born

3. Sex Female If plural births { 4. Twin, triplet, or other Twin 6. Premature X 7. Legitimate? yes 8. Date of birth Dec 25 1936 (Month, Day, Year)

9. Full name FATHER Barney Schopf 18. Full maiden name MOTHER Bertha Russell

10. Residence (usual place of abode) Cottonwood 19. Residence (usual place of abode) Cottonwood
(If non-resident, give place and State) Idaho (If non-resident, give place and State) Idaho

11. Color or race 2k 12. Age at last birthday 37 (years) 20. Color or race 21 21. Age at last birthday 29 (years)

13. Birthplace (city or place) Russia 22. Birthplace (city or place) Cottonwood
(State or Country) (State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 months 4 weeks 30. Cause of Stillbirth No apparent reason During labor _____ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:15 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Healey J. Orr, M. D.

or _____, Midwife

Address Cottonwood, Idaho

Filed Dec 28, 1936 H. J. Orr Registrar.

per 113

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING
N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Idaho</u>		CERTIFICATE OF DEATH		State File No. <u>101905</u>	
City of <u>Cottonwood</u>					
REC'D JAN 4 '37		Registration District No. <u>105</u>		Local Registrar's No. <u>26</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Michelle Schoff</u>					
(a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 25, 1936</u>					
7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. <u>Stillborn</u>					
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>					
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Cottonwood, Idaho</u>					
13. NAME <u>Barney Schoff</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Russia</u>					
15. MAIDEN NAME <u>Bertha Russell</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT <u>Barney Schoff</u> (Address) <u>Cottonwood, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Idaho</u> , Date <u>12/25, 1936</u>					
19. UNDERTAKER <u>Father Baylous</u> (Address) <u>Idaho</u>					
20. FILED <u>12/30, 1936</u> <u>St. J. ...</u> Regist. <u>put. B</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>12/25 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 25, 1936</u> to <u>Dec. 25, 1936</u> . I last saw him alive on <u>Dec. 25, 1936</u> ; death is said to have occurred on the date stated above, atm. The principal cause of death and related causes of importance were as follows: <u>Death appeared apparent as death had occurred in the past one week before</u> Other contributory cause of importance:					
Name of operation..... Date of..... What test confirmed diagnosis?.... Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193. Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) <u>Agley J. Cox</u> M. D. (Address) <u>Cottonwood, Idaho</u>					

UNITED STATES-STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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250321

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 105 State File No. _____

1. PLACE OF BIRTH
County of Idaho
City of Cottonwood
No. _____ St. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2183 Local Registrar's No. 94

2. FULL NAME OF CHILD Johanna Schoff

3. Sex Female If plural births { 4. Twin, triplet, or other Quin 5. Number, in order of birth 2 6. Premature X 7. Legitimate? yes 8. Date of birth Dec 25 1936 (Month, Day, Year)

9. Full name FATHER Barney Schoff 18. Full maiden name MOTHER Bertha Russell

10. Residence (usual place of abode) Cottonwood Idaho 19. Residence (usual place of abode) Cottonwood Idaho
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 37 (years) 20. Color or race W 21. Age at last birthday 39 (years)

13. Birthplace (city or place) Russia 22. Birthplace (city or place) Greenwood Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation 8 months 4 weeks 30. Cause of Stillbirth Apparent reason
{ During labor. _____
{ Before labor. ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:25 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Wesley F. Orr, M. D.

or _____, Midwife

Address Cottonwood, Idaho

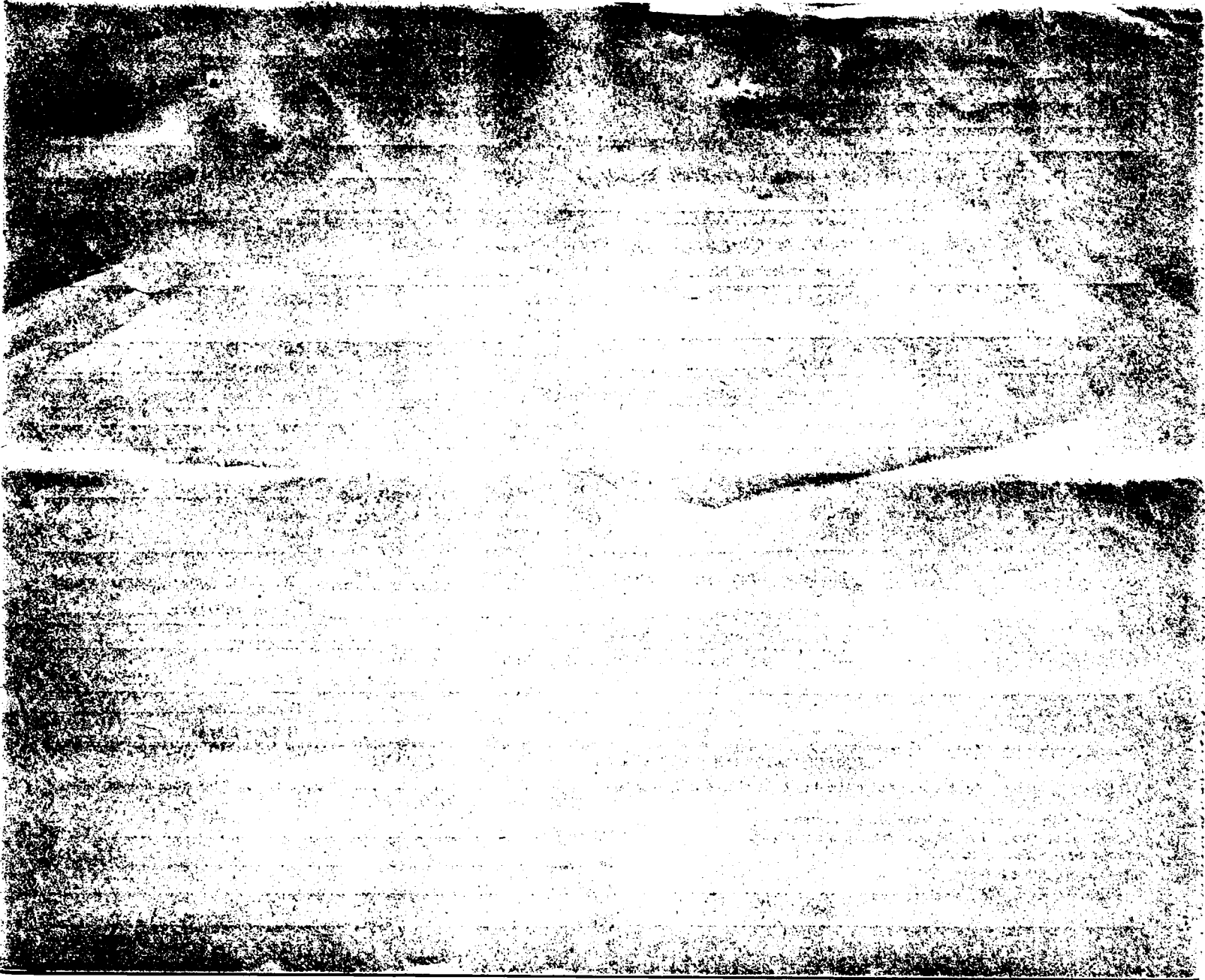
Filed Dec 28, 1936 W. F. Orr

Registrar.

Registrar.

per T.B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING
B.---WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth—stated.

1. PLACE OF BIRTH
County of Jefferson
City of Prigby
No. Route 11 St.

DEC 11 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S-230352**

(If born in hospital or institution give name.)
Registration District No. 98 State File No. 171

2. FULL NAME OF CHILD Clinton Dean (Browner) Stillborn

3. Sex M If plural births { 4. Twin, triplet, or other no 5. Number, in order of birth 1 6. Premature no 7. Legitimate yes 8. Date of birth Nov. 25, 1936 (Month, Day, Year)

9. Full name FATHER Max Kite
10. Residence (usual place of abode) (If non-resident, give place and State) unknown
11. Color or race W 12. Age at last birthday ? (years)
13. Birthplace (city or place) (State or Country) ?
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ?
16. Date (month and year) last engaged in this work ? 17. Total time (years) spent in this work ?

18. Full maiden name MOTHER Delora Lucile Browner
19. Residence (usual place of abode) (If non-resident, give place and State) Prigby, Idaho
20. Color or race W 21. Age at last birthday 15 (years)
22. Birthplace (city or place) (State or Country) Filler, Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. (minor)
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ?
25. Date (month and year) last engaged in this work ? 26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? (Stillborn)

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation full term { months or weeks 30. Cause of Stillbirth { During labor + Before labor Tetanus + diphtheria

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Stillborn) at 7:30 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

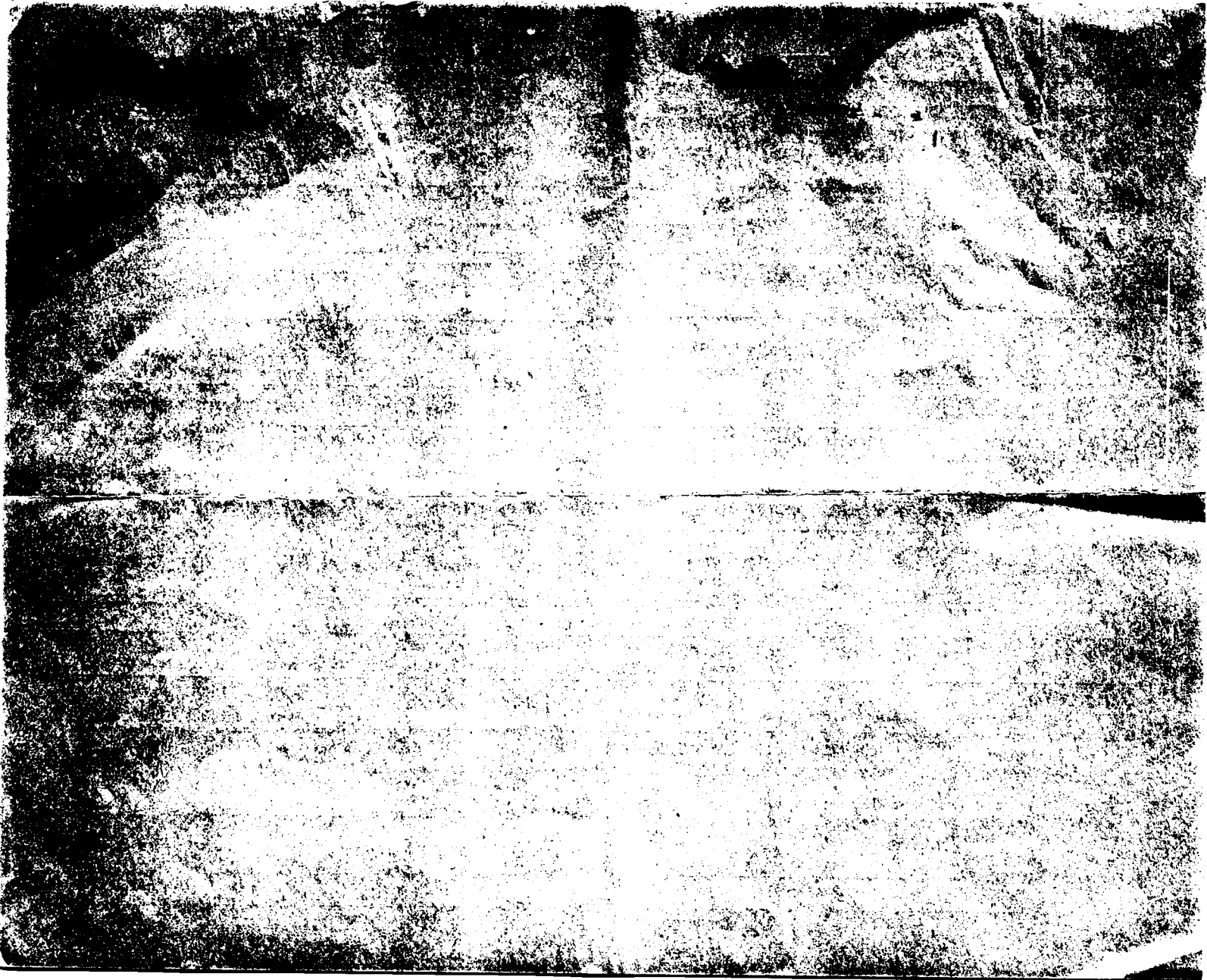
Give name added from a supplemental report _____ (Date of) _____

(Signed) J. Harper Culley, M. D.
or _____, Midwife

Address Prigby, Idaho

Filed Dec 18, 1936 W. B. Bicknell
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 102930	
County of <u>Jefferson</u>		City of <u>Rigby</u>		Registration District No. <u>98</u>	
Primary Registration District No. <u>2176</u>		Local Registrar's No. <u>10</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Clinton Leon Brown</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Stillborn</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>Nov. 25, 1936</u>					
7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.		
<u>Stillborn</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Rigby Route 2 Idaho</u>					
MOTHER FATHER	13. NAME <u>Max Kite</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>				
	15. MAIDEN NAME <u>Delera Lucile Brown</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Filer, Idaho</u>				
17. INFORMANT <u>Louise Lowrey</u> (Address) _____					
18. BURIAL, CREMATION OR REMOVAL Place <u>Shelton, Idaho</u> Date <u>Nov. 26, 1936</u>					
19. UNDERTAKER <u>None</u> (Address) _____					
20. FILED <u>Nov 9, 1937</u> <u>R. G. Weiser</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Nov. 25 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>birth</u> 193__ to _____ 193__					
I last saw him alive on _____ 193__; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn due to</u>					Date of onset <u>11/25/36</u>
<u>dystocia + placental</u>					
<u>hemorrhagic toxemia</u>					
<u>of mother</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193__					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>R. G. Weiser</u> , M. D.					
(Address) <u>Rigby, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Katahdan
City of Rural
No. _____ St. _____
Registration District No. 61 State File No. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
250405

(If born in hospital or institution give name.) Prim. Registration District No. 1011 Local Registrar's No. 314

2. FULL NAME OF CHILD Baby Kernecke Stillborn

3. Sex m If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 11-11-1936
(Month, Day, Year)

9. Full name William C. Kernecke FATHER 18. Full maiden name Dora Jacobson MOTHER

10. Residence (usual place of abode) Idaho, California 19. Residence (usual place of abode) Idaho, California
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 44 (years) 20. Color or race W 21. Age at last birthday 40 (years)

13. Birthplace (city or place) Idaho 22. Birthplace (city or place) Washington
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Present 17. Total time (years) spent in this work 20 25. Date (month and year) last engaged in this work Present 26. Total time (years) spent in this work 20 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 11 (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo. { months or weeks 30. Cause of stillbirth { Before labor ✓ During labor _____

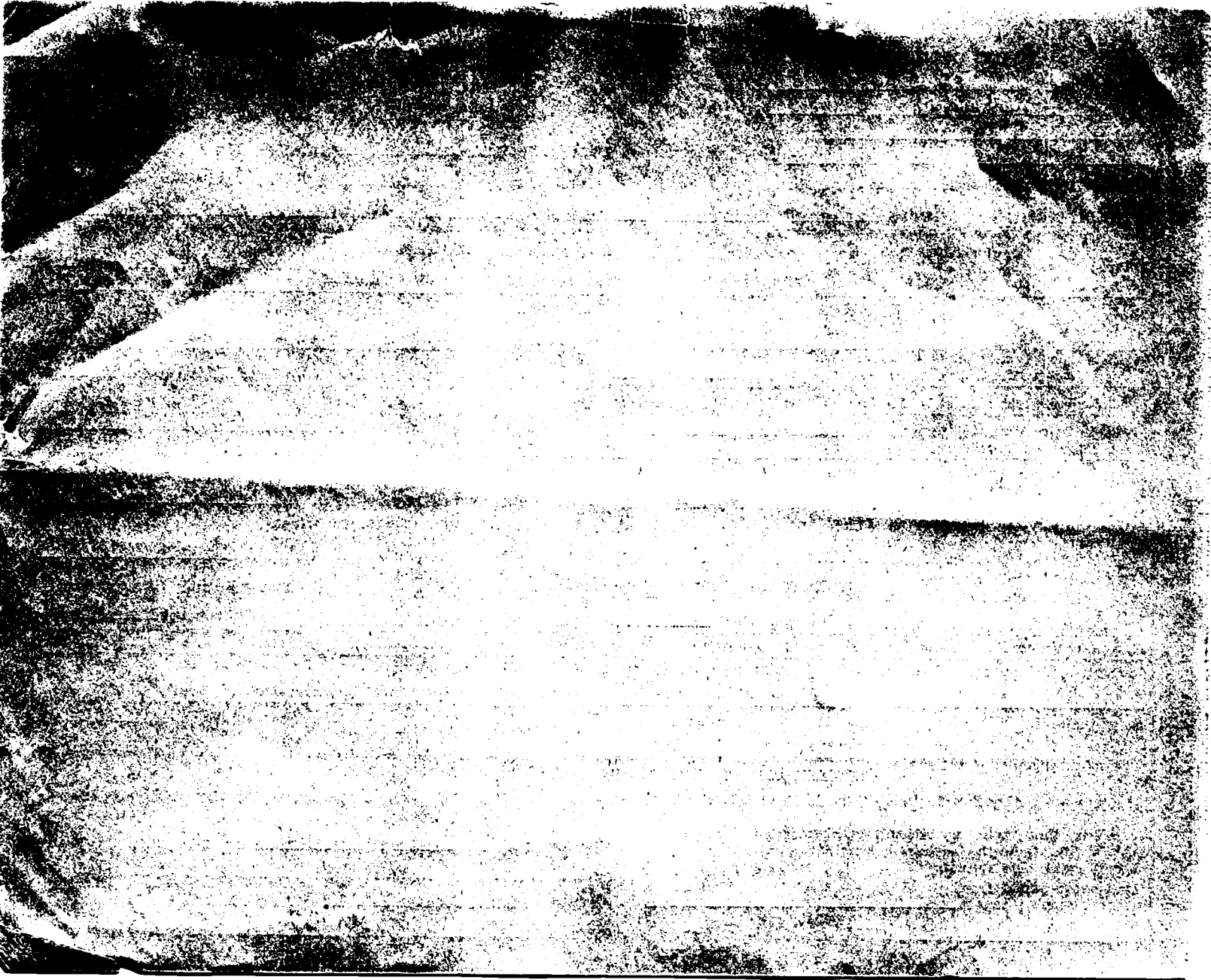
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 2:41 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) [Signature] _____, M. D.
or _____, Midwife
Address Moscow, Idaho
Filed 1-7-, 1937 [Signature] Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

9466.

1. PLACE OF BIRTH
County of Madison
City of Salem
No. Rexburg Rt 2 St.
Registration District No. 100 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2128 Local Registrar's No. 259

2. FULL NAME OF CHILD Thelma Hope

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 12 23 1936
(Month, Day, Year)

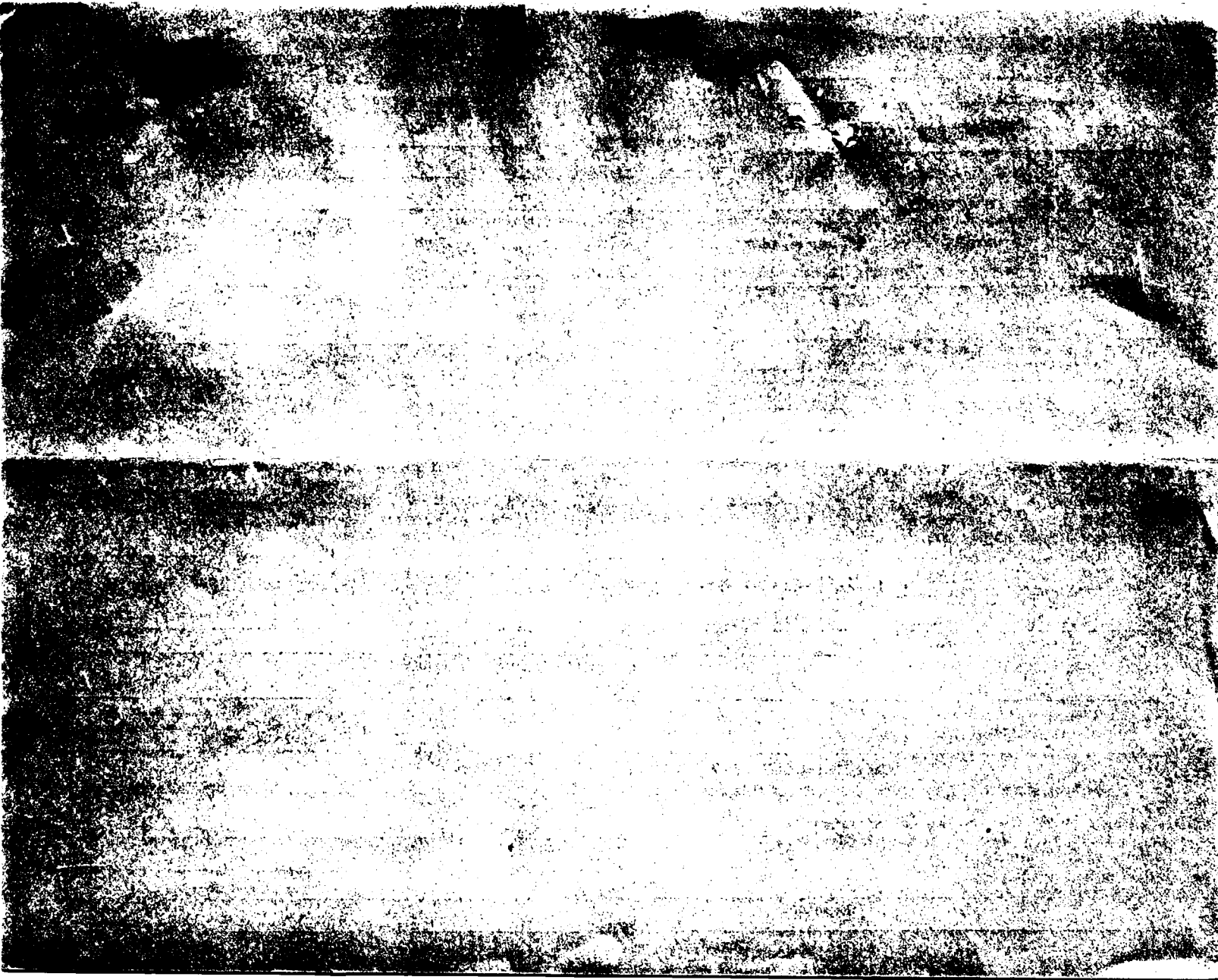
9. Full name FATHER Myron H. Hope 18. Full maiden name MOTHER Thelma Gardner
10. Residence (usual place of abode) (If non-resident, give place and State) Salem 19. Residence (usual place of abode) (If non-resident, give place and State) Salem
11. Color or White 12. Age at last birthday 42 (years) 20. Color or White 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Utah 22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child) Six
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation full term { months or weeks _____ 30. Cause of Stillbirth Separation of placenta { Before labor before days During labor before birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 7:05 a.m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Larrie St. Rich, M. D.
or _____, Midwife
Address Rexburg Idaho
Filed 3, 1937 Mar. 11 Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Madison</u>		CERTIFICATE OF DEATH		State File No. <u>101975</u>	
City of <u>Rexburg</u>		Registration District No. <u>100</u>		Local Registrar's No. <u>74</u>	
(<u>Salem</u>)		Primary Registration District No. <u>2128</u>			
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillborn Hope</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Stillborn</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>12-23-86</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Salem</u> (State or country) <u>Madison Co - Idaho</u>					
FATHER	13. NAME <u>Hyrum H. Hope</u>				
	14. BIRTHPLACE (city or town) <u>Riverton</u> (State or country) <u>Utah</u>				
MOTHER	15. MAIDEN NAME <u>Thelma Gardner</u>				
	16. BIRTHPLACE (city or town) <u>Salem</u> (State or country) <u>Idaho</u>				
17. INFORMANT <u>Hyrum H. Hope</u> (Address) <u>Rexburg Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Salem City Idaho</u> Date <u>12-23, 1936</u>					
19. UNDERTAKER <u>None</u> (Address)					
20. FILED <u>1-3, 1937</u> <u>Miss Heyning</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12-23-1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>12-23, 1936</u> , to <u>12-23, 1936</u> .					
I last saw <u>or alive on</u> <u>Stillborn</u> , 19 <u>36</u> : death is said to have occurred on the date stated above, at _____.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn full term</u>					
Other contributory causes of importance: <u>Separation of Placenta from Uterine Surface</u> <u>few days before birth</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>36</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Lorin St. Rich</u> M.D.					
(Address) <u>Rexburg Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. Lewiston Orchard

RECEIVED
JAN 11 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 250540**

Registration District No. 1009 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 26 Local Registrar's No. _____

2. FULL NAME OF CHILD Baby Hoover Stillborn

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature Yes 7. Legitimate? Yes 8. Date of birth Dec-3, 1936 (Month, Day, Year)

9. Full name FATHER Willard R. Hoovers 18. Full maiden name MOTHER Nova Cermer

10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston 19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston

11. Color or race W 12. Age at last birthday 25 (years) 20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Iowa 22. Birthplace (city or place) (State or Country) Buffalo Mont.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent _____ 19. _____ in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent _____ 19. _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate 1%

28. Number of children of this mother (At time of this birth and including this child) One (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 7 1/2 { months or weeks _____ 30. Cause of Stillbirth { Before labor ✓ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:50 P. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) Joseph E. Zesch, M. D.

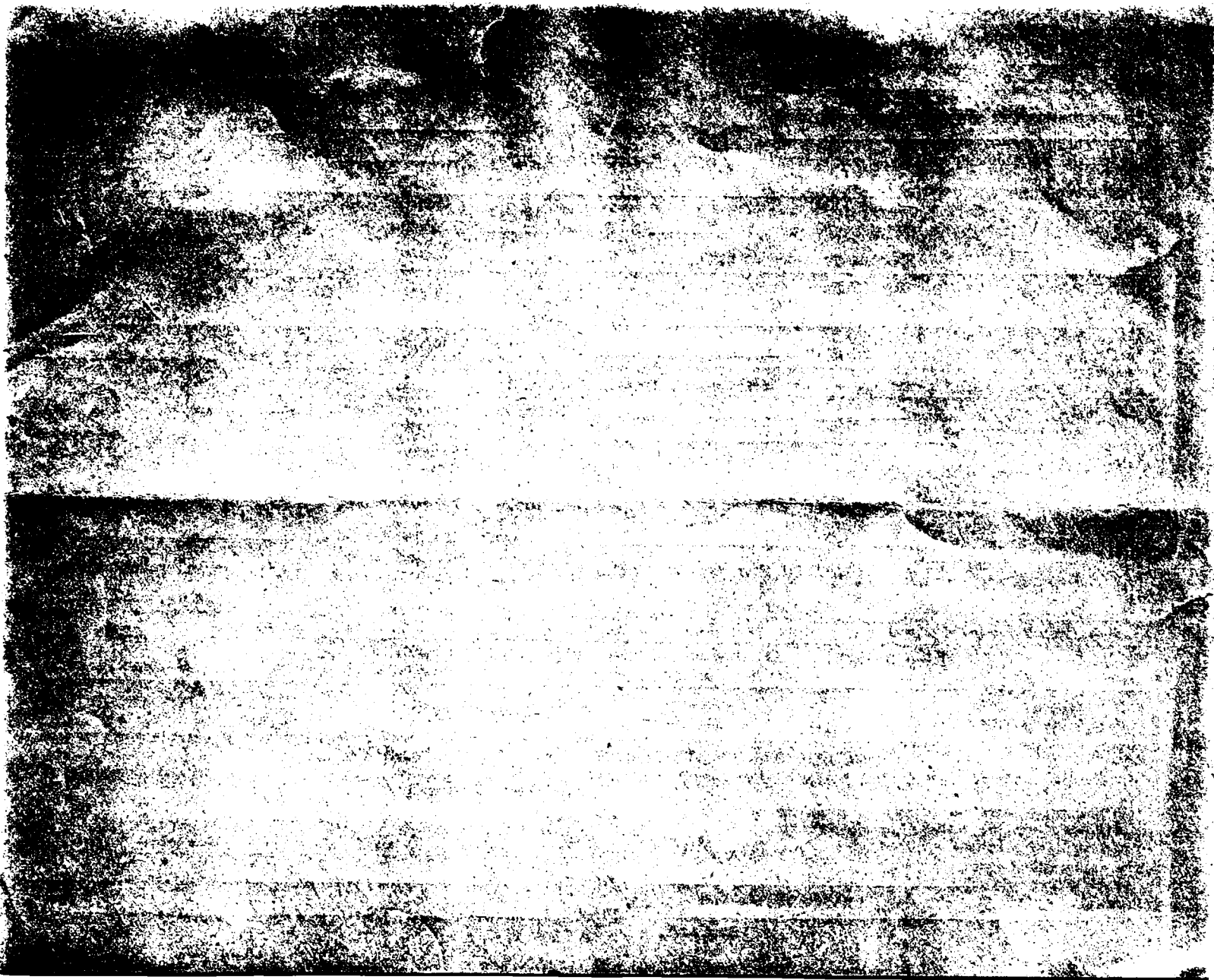
or _____, Midwife

Address Cassow Bldg, Lewiston, Ida.

Filed Dec 28, 1936 M. W. Caster Registrar.

Registrar.

MC



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls, Ida.
No. Co Gen-Shop St. PA
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
APR 11 1937
CERTIFICATE OF BIRTH
250650
(If born in hospital or institution give name)
Registration District No. 37 State File No. 670
Prim Registration District No. 1086 Local Registrar's No. 670
FULL NAME OF CHILD Stillborn Benson

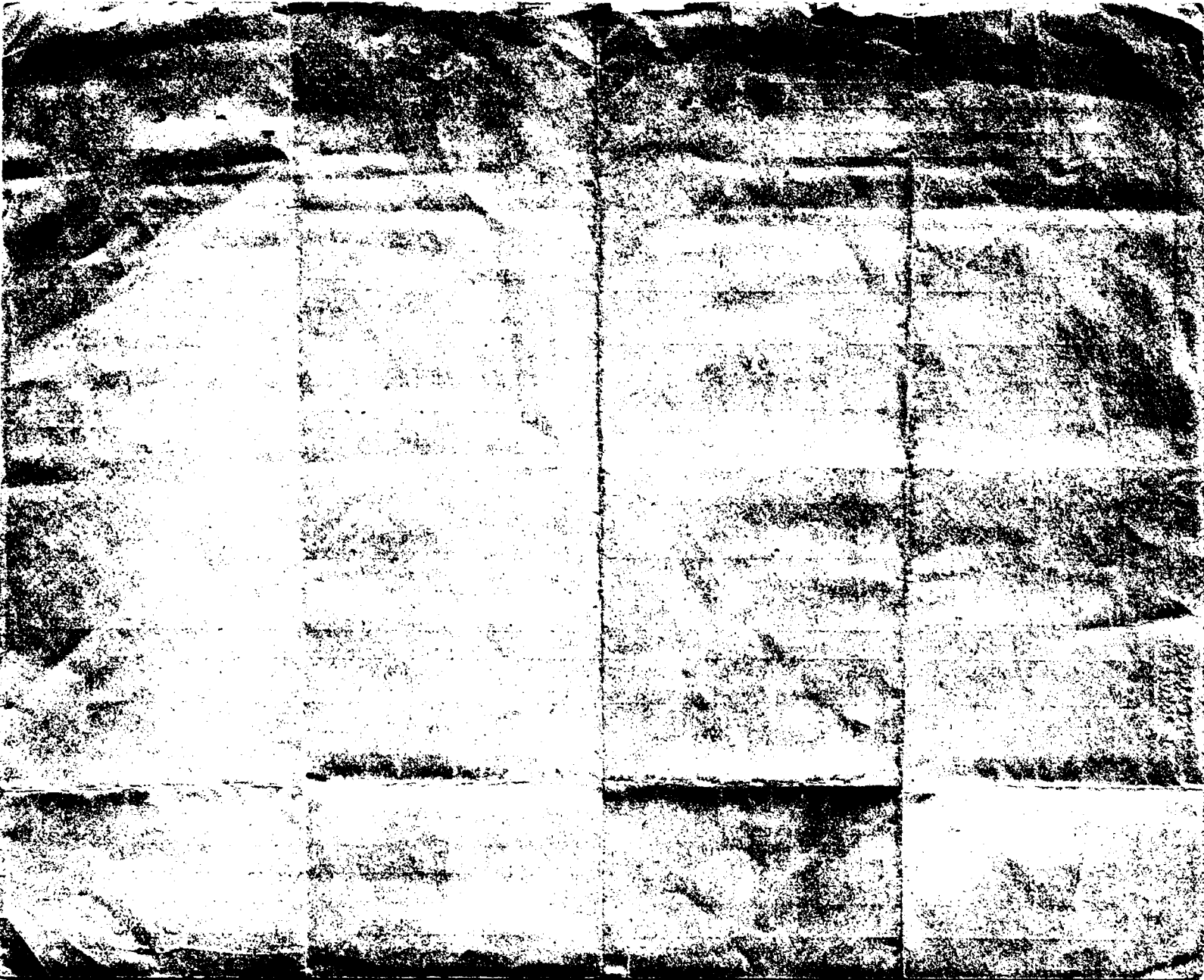
3. Sex Female If plural births { 4. Twin, triplet, or other no 5. Number, in order of birth 1 6. Premature yes 7. Legitimate? yes 8. Date of birth Nov 1 1936 (Month, Day, Year)

9. Full name of FATHER William Richard Benson 18. Full maiden name of MOTHER Blanche Sherlock
10. Residence (usual place of abode) Twin Falls, Ida. 19. Residence (usual place of abode) Twin Falls, Ida.
(If non-resident, give place and State) Ida. (If non-resident, give place and State) Ida.
11. Color or race W 12. Age at last birthday 30 (years) 20. Color or race W 21. Age at last birthday 28 (years)
13. Birthplace (city or place) Idaho (State or Country) Idaho 22. Birthplace (city or place) Idaho (State or Country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Man 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Service
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Service Station 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Present 17. Total time (years) spent in this work 1 25. Date (month and year) last engaged in this work Present 26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1
29. If stillborn, period of gestation 8 1/2 mo { months or weeks 30. Cause of stillbirth 9 { Before labor X During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 3:45 p. m. on the date above stated.
(Born Alive or Stillborn)
(Signed) W. R. Benson, M. D.
or B. H. Ode, Midwife
Address
Filed Dec 10, 1936 W. R. Benson Registrar.
(Date of)



N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		CERTIFICATE OF DEATH	
County of <u>Twin Falls,</u>	City of <u>Twin Falls,</u>	Registration District No. <u>37</u>	State File No. <u>102047</u>
Primary Registration District No. <u>2085</u>		Local Registrar's No. <u>297</u>	
(No. <u>Twin Falls General Hosp</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Baby Beeson</u>			
(a) Residence. No.		St.	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX Female	4. Color or Race White	5. Single, Married, Widowed or Divorced (write the word) Single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) Nov 1, 1936			
7. AGE	Years	Months	Days
	0	0	0
If LESS than 1 day, ... hrs. or ... min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (mo. and yr.)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Twin Falls,</u> (State or country) <u>Idaho</u>			
MOTHER/FATHER	12. NAME <u>William Richard Beeson</u>		
	14. BIRTHPLACE (city or town) <u>Fox Grove</u> (State or country) <u>Minn</u>		
	15. MAIDEN NAME <u>Helen Blance Sherlock</u>		
	16. BIRTHPLACE (city or town) <u>Breckenridge</u> (State or country) <u>Minn</u>		
17. INFORMANT <u>W. Richard Beeson</u> (Address) <u>Twin Falls, Idaho</u>			
18. <input checked="" type="checkbox"/> <u>at Twin Falls Hosp</u> <input type="checkbox"/> <u>at Twin Falls Hosp</u> Place. Date <u>Nov 1, 1936</u>			
19. UNDERTAKER <u>None</u> (Address)			
20. FILED <u>12/30/36</u> 193... <u>J. O. Pumphrey</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>Nov. 1 1936</u> 193...			
22. I HEREBY CERTIFY, That I attended deceased from ... 193...			
I last saw h. <u>Stillborn</u> death is said to have occurred on the date stated above, at ... m.			
The principal cause of death and related causes of importance were as follows:			
<u>Stillborn Nov. 1, 1936</u> Date of onset			
<u>Premature 6 1/2 months gestation</u>			
Other contributory causes of importance: <u>Unknown</u>			
Name of operation. Date of.			
What test confirmed diagnosis? Was there an autopsy? ..			
23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193...			
Where did injury occur? (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury.			
Nature of injury.			
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> so specify			
(Signed) <u>J. H. Parkinson</u> , M. D.			
(Address) <u>Boz. Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250654

No. Co. General Hospital Registration District No. 27 State File No. 1083
(If born in hospital or institution give name) Stillborn Local Registrar's No. 684
2. FULL NAME OF CHILD Drake

3. Sex girl If plural { 4. Twin, triplet, or other 0 5. Number, in order of birth 1 6. Premature yes 7. Legitimate? yes 8. Date of birth 12-19-36
(Month, Day, Year)

9. Full name FATHER David N. Drake 18. Full maiden name MOTHER Hortia Craner

10. Residence (usual place of abode) 222 5th Ave. E. 19. Residence (usual place of abode) 222 5th Ave. E.
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 33 (years) 20. Color or race white 21. Age at last birthday 29 (years)

13. Birthplace (city or place) Ogden Utah 22. Birthplace (city or place) Ogden Utah
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drive In Market 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. clerk 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

16. Date (month and year) last engaged in this work 12-17-1936 17. Total time (years) spent in this work 1 yr 25. Date (month and year) last engaged in this work 12-17-1936 26. Total time (years) spent in this work 2 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 mon. { months or weeks 30. Cause of Stillbirth { Before labor. During labor.

CERTIFICATE OF ATTENDING

PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Stillborn at 12:05 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) H. E. Lumb, M. D.

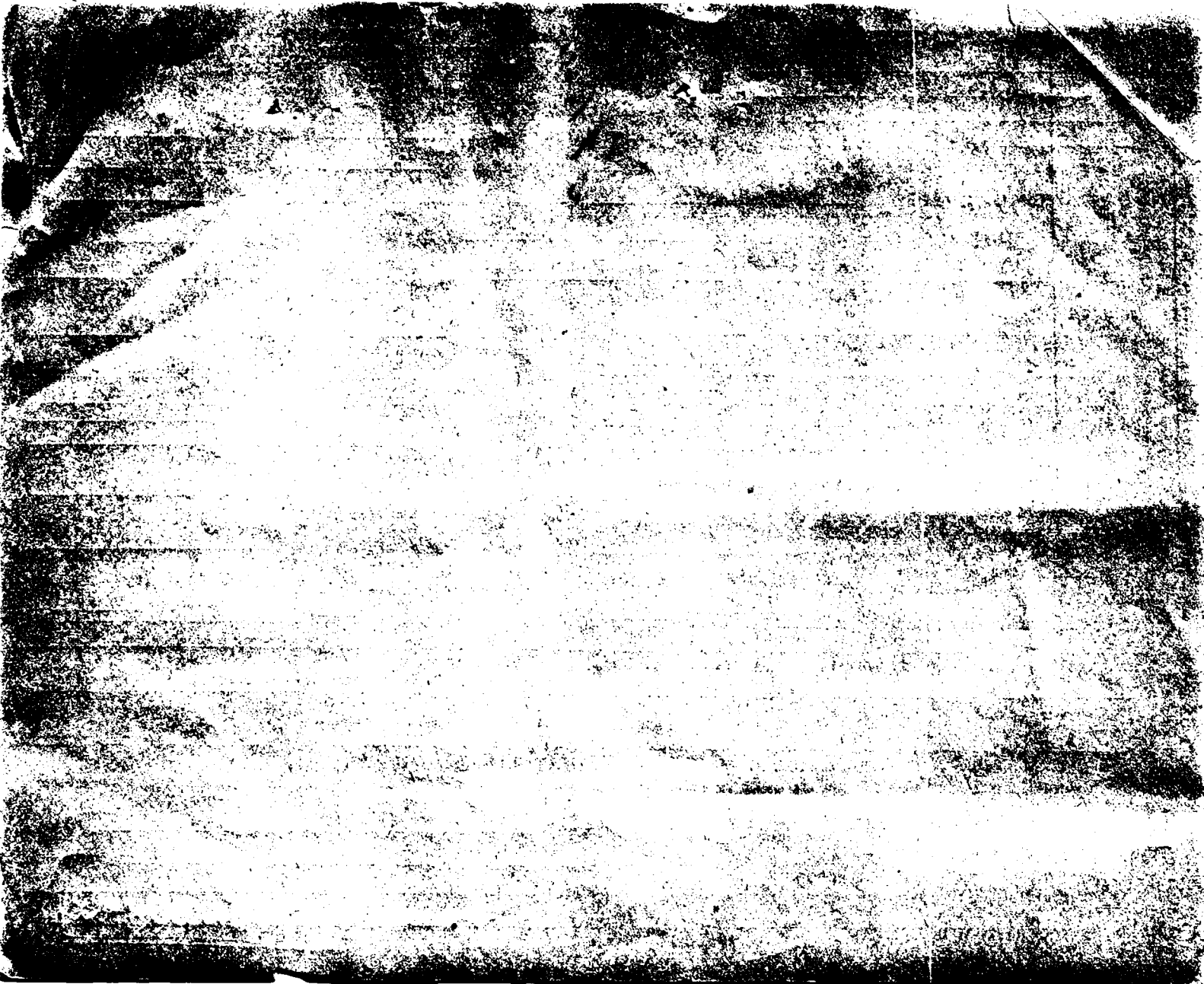
or _____, Midwife

Address Twin Falls

Filed 1-2-1937

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 102086

Registration District No.

Primary Registration District No. 1085
(No. Twin Falls Co. Gen. Hospital)

Local Registrar's No. 284

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Drake

(a) Residence. No. Twin Falls, Idaho St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)
December 19, 1936

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

MOTHER/FATHER 13. NAME D. W. Drake
14. BIRTHPLACE (city or town) Ogden,
(State or country) Utah
15. MAIDEN NAME Floretta Craner
16. BIRTHPLACE (city or town) Ogden,
(State or country) Utah

17. INFORMANT Mrs. Arthur Johns
(Address) Twin Falls, Idaho

18. BUREAU OF VITAL STATISTICS OR REMOVAL
Place Ogden, Utah Date 12/19/ 1936

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 12-19-1936 J. C. Ruffley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1936, 1936, to Dec. 19, 1936, 1936

I last saw her alive on still born, 1936: death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Still born Premature
Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Chromosomes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1936

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Ruffley M. D.
(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Lincoln</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Timber Lake</u>		BUREAU OF VITAL STATISTICS	
		CERTIFICATE OF BIRTH	
		S250658	
No. <u>Co. general Hospital</u>		Registration District No. <u>07</u>	State File No. <u>2</u>
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2088</u>	Local Registrar's No. <u>698</u>
2. FULL NAME OF CHILD <u>Stillborn</u> <u>Wheeler</u>			
3. Sex <u>Female</u>	If plural births <u>4</u>	4. Twin, triplet, or other <u>0</u>	5. Premature <u>Yes</u>
		6. Legitimate? <u>Yes</u>	7. Date of birth <u>12-22-36</u>
		8. Full term <u>no</u>	(Month, Day, Year)
9. Full name <u>Byron R. Wheeler</u>	FATHER		MOTHER
10. Residence (usual place of abode) <u>Timber Lake</u>	18. Full maiden name <u>Opal Trueblood</u>		19. Residence (usual place of abode) <u>Timber Lake</u>
(If non-resident, give place and State)	(If non-resident, give place and State)		
11. Color or race <u>white</u>	12. Age at last birthday <u>35</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>33</u> (years)
13. Birthplace (city or place) <u>Salida, Colorado</u>	22. Birthplace (city or place) <u>Salida, Colorado</u>		(State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Rents farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
16. Date (month and year) last engaged in this work <u>12-21-36</u>	17. Total time (years) spent in this work <u>3 yrs</u>	25. Date (month and year) last engaged in this work <u>12-21-36</u>	26. Total time (years) spent in this work <u>16 yrs</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>4</u>			
(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>6 1/2</u> months or weeks	30. Cause of Stillbirth <u>Auto Accident</u> Before labor <u>yes</u> During labor <u>yes</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>7:40</u> a.m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>M. D.</u>			
or <u>Midwife</u>			
Address <u>Timber Lake</u>			
Filed <u>1-2</u> , 193 <u>7</u>			
Registrar. <u>Wheeler</u>			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report

(Date of)



MARGIN RESERVED FOR BLINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **102049**

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

Registration District No. 37
Primary Registration District No. 2085

Local Registrar's No. 299

(No. 1331) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME unnamed
(a) Residence. No. Kimberly Ida St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) Dec. 22, 1936		
7. AGE	Years	Months
	0	0
	0	0
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (city or town) <u>Twin Falls, Idaho</u> (State or country)		

10. NAME OF FATHER Byron Ralph Wheeler
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Ft. Douglas, Utah
12. MAIDEN NAME OF MOTHER Georgia Opal Trueblood
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Craigmont, Idaho

14. Informant Byron R. Wheeler
(Address) Kimberly, Idaho
15. Filled 1-3-, 1937
J. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
December 22, 1936
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from 12-22, 1936, to 12-22, 1936
that I last saw him alive on 12-22, 1936
and that death occurred, on the date stated above, at Kimberly m.
The CAUSE OF DEATH* was as follows:

abruptio placentae
caused by auto-
accident
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) premature 6 1/2 mo gest.
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. H. Quinn, M. D.
12/22/36 (Address) Kimberly

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal <u>none</u>	Date of Burial <u>19</u>
20. Undertaker <u>none</u>	Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 29 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
250822

1. PLACE BIRTH
County of Bonne
City of Bonne
No. St Lukes Hosp St.

Registration District No. 2 State File No. 250822

(If born in hospital or institution give name.) Prim. Registration District No. 1004 Local Registrar's No. 64

2. FULL NAME OF CHILD Baby Parker - St. Horn

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature yes 7. Legitimate? yes 8. Date of birth Dec 31, 1936 (Month, Day, Year)

9. Full name FATHER John William Parker 18. Full maiden name MOTHER Lenora Josephine Thierfelder

10. Residence (usual place of abode) (If non-resident, give place and State) Cascade, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Cascade, Idaho

11. Color or race White 12. Age at last birthday 25 (years) 20. Color or race White 21. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Round Valley, Idaho 22. Birthplace (city or place) (State or Country) Moberley, Mo

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Forest Ranger 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Book-keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.S. Forest Service 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Baking Co.

16. Date (month and year) last engaged in this work Present time Jan 28, 1937 17. Total time (years) spent in this work 10 years
18. Date (month and year) last engaged in this work Sept, 1925 26. Total time (years) spent in this work 5 months

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 1/2 months { months or weeks 30. Cause of Stillbirth Eclampsia During labor. yes Before labor. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 P. m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Robert S. Smith, M. D.

or _____ Midwife

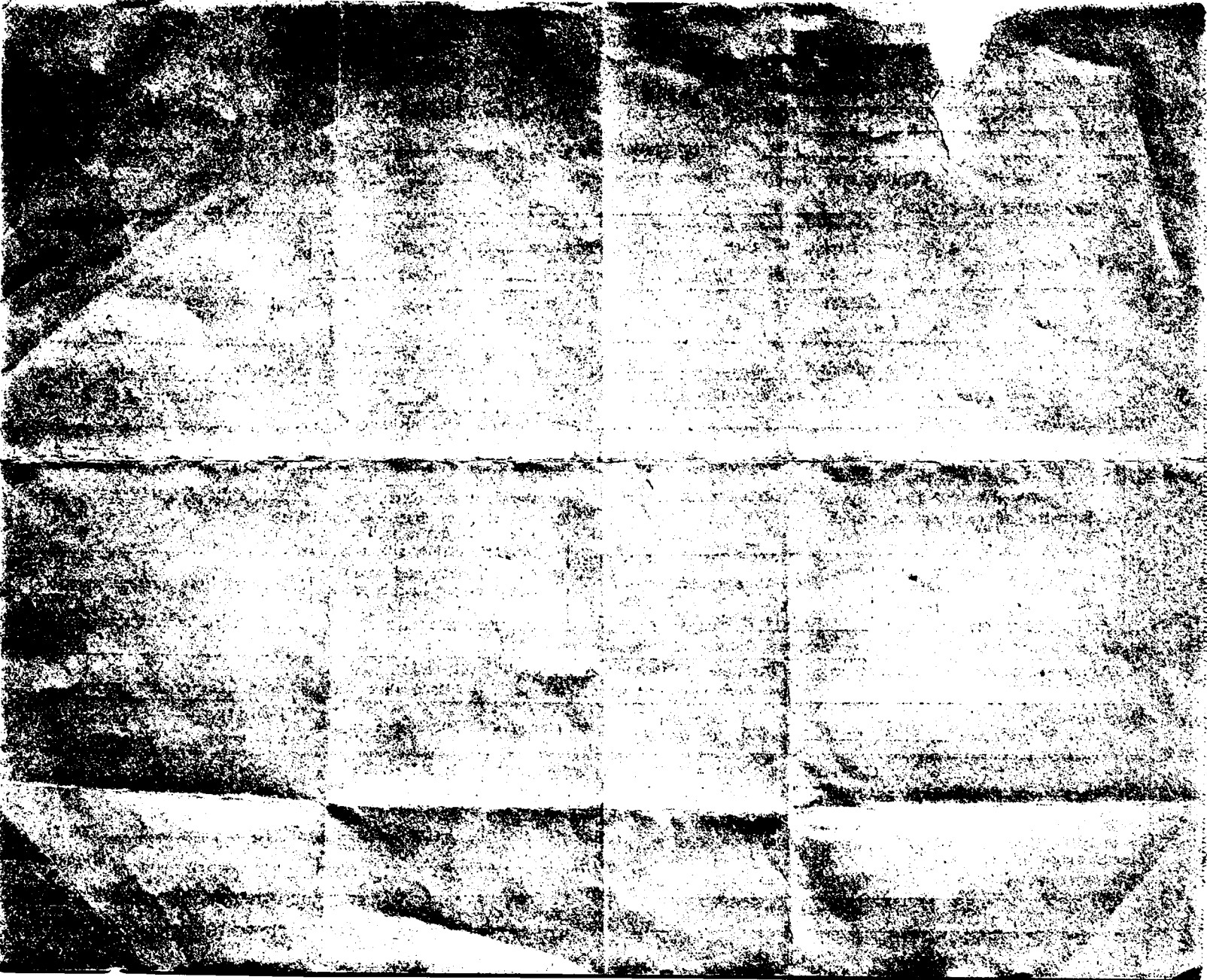
Address First Natl Bank Bldg, Boise, Idaho

Filed Jan 28, 1937 K. Sharp

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ida
City Boise.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Parker.(a) Residence. No. Cascade, Idaho. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. Color or Race White. 5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) December, 31, 1936.

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Boise, Idaho. (State or country)13. NAME John. W. Parker.14. BIRTHPLACE (city or town) Idaho. (State or country)15. MAIDEN NAME Josephene Theirfelder.16. BIRTHPLACE (city or town) Missouri. (State or country)17. INFORMANT John. W. Parker. (Address) Cascade, Idaho.18. BURIAL, CREMATION OR REMOVAL Cleaveland Memorial Park, Jan. 2, 1937.19. UNDERTAKER Summers Funeral Home. (Address) Boise.20. FILED 12-31, 1936 Sharp Registrar.

DO NOT WRITE IN THIS SPACE

101663

State File No. _____

Local Registrar's No. 442

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 31, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1936 to Dec 31, 1936 on Dec 31, 1936

I last saw him alive on _____, 1936; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Prematurity (Infant was still born)Other contributory causes of importance: Eclampsia (Mother)

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Robert S Smith, M. D.(Address) First National Bank BldgBoise, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

JAN 1928

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF IDAHO	
County of <u>Bonneville</u>		FEB 10 1937		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Bonanza Ferry</u>				BUREAU OF VITAL STATISTICS	
No. _____ St. _____				CERTIFICATE OF BIRTH S 251024	
(If born in hospital or institution give name.)		Registration District No. _____		State File No. _____	
2. FULL NAME OF CHILD <u>Robert Harold Shaper - Stillborn</u>		Prim Registration District No. <u>2156</u>		Local Registrar's No. _____	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____	6. Premature <u>Yes</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>Nov. 25, 1936</u> (Month, Day, Year)	
9. Full name <u>Robert Harold Shaper</u>	FATHER		18. Full maiden name <u>Naomi Clara Sproat</u>		MOTHER
10. Residence (usual place of abode) <u>Bonanza Ferry</u>	(If non-resident, give place and State)		19. Residence (usual place of abode) <u>Bonanza Ferry</u>		(If non-resident, give place and State)
11. Color or race <u>white</u>	12. Age at last birthday <u>2</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>20</u> (years)		
13. Birthplace (city or place) <u>Fort Payne Ind.</u>	(State or Country)		22. Birthplace (city or place) <u>Kannah</u>		(State or Country) <u>N.D.</u>
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			
	16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work <u>5</u>	25. Date (month and year) last engaged in this work _____	19. _____	26. Total time (years) spent in this work <u>2</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% Agroz</u>					
28. Number of children of this mother _____ (At time of this birth and including this child)					
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____					
29. If stillborn, period of gestation _____		{ months or weeks	30. Cause of stillbirth _____		{ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:45 m. on the date above stated.

(Born Alive or Stillborn)

(Signed) E. J. Gray, M. D.

or _____, Midwife

Address Bonanza Ferry Idaho

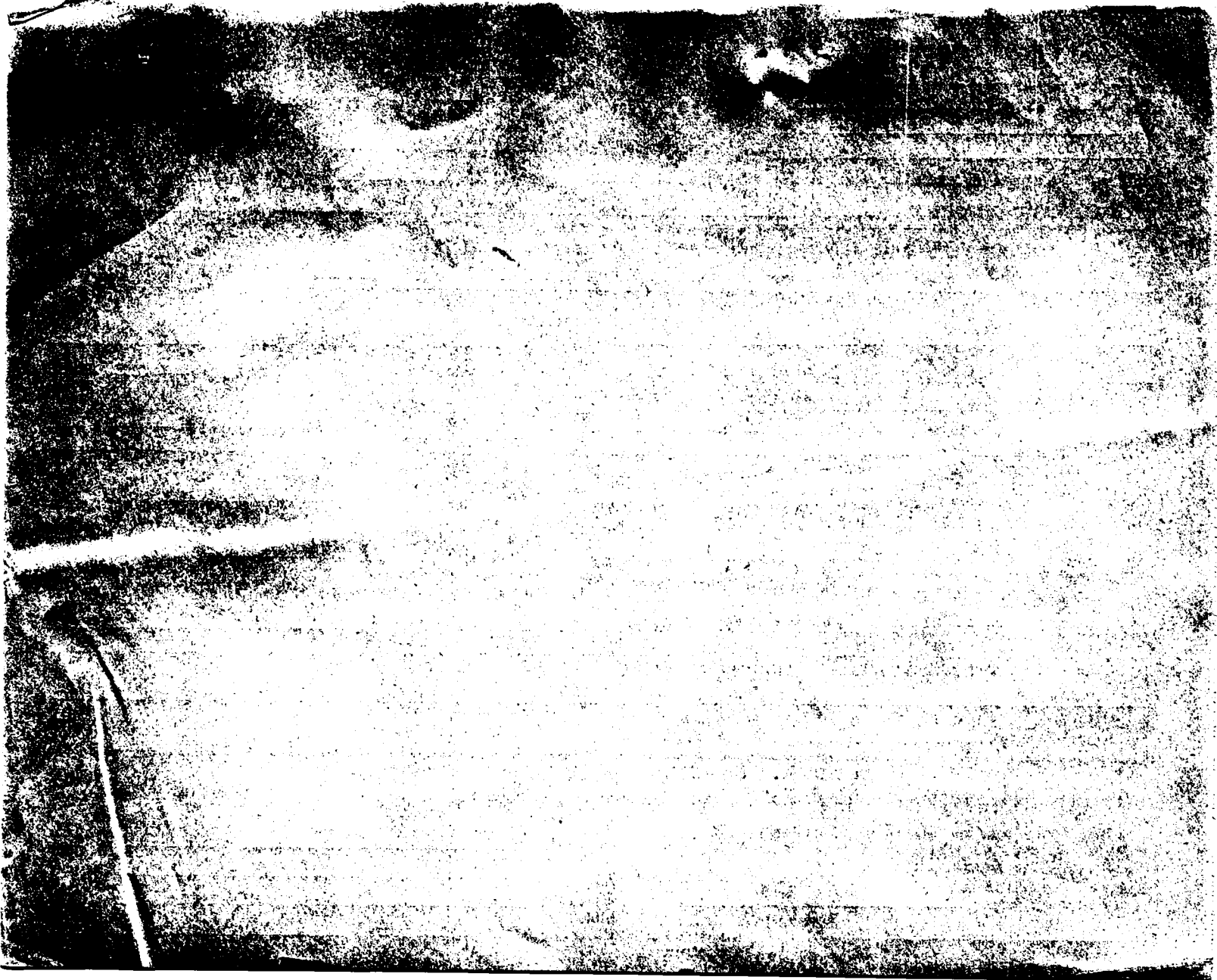
Filed Nov. 26, 1936 E. J. Gray Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonner</u>		CERTIFICATE OF DEATH		State File No. <u>102280</u>	
City of <u>Bonner</u>		Registration District No. <u>29</u>			
		Primary Registration District No. <u>2156</u>		Local Registrar's No. <u>406</u>	
(No. <u>Bonner & mg Hospital</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Robert Harold Shaper, Jr.</u>					
(a) Residence. No. <u> </u> St. <u> </u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. Color of Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u>					
6. DATE OF BIRTH (month, day, and year) <u>Aug. 25th. 1936</u>					
7. AGE <u>Stillborn</u>		If LESS than 1 day, ... hrs. or ... min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>				
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>				
	10. Date deceased last worked at this occupation (mo. and yr.) <u> </u>				
	11. Total time (years) spent in this occupation <u> </u>				
12. BIRTHPLACE (city or town) <u>Bonner, Tenn.</u> (State or country) <u>Tenn.</u>					
MOTHER/FATHER	13. NAME <u>Robert Harold Shaper</u>				
	14. BIRTHPLACE (city or town) <u>Fort Wayne, Ind.</u> (State or country) <u>Ind.</u>				
	15. MAIDEN NAME <u>Leona Clara Spry</u>				
	16. BIRTHPLACE (city or town) <u>Memphis, Tenn.</u> (State or country) <u>Tenn.</u>				
17. INFORMANT <u>Robert Harold Shaper</u> (Address) <u>Bonner, Tenn.</u>					
18. BURIAL, CREMATION OR REMOVAL <u> </u> Place <u>Bonner, Tenn.</u> Date <u>Apr. 26 1936</u>					
19. UNDERTAKER <u> </u> (Address) <u>Bonner, Tenn.</u>					
20. FILED <u>Nov. 25, 1936</u> Registrar <u> </u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Nov. 25-1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u> </u> , 193...., to <u> </u> , 193....					
I last saw h.... alive on <u> </u> , 193....; death is said to have occurred on the date stated above, at <u>11:45 A.</u>					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u> <u>acute nephritis of pyelitis</u> <u>retention of urine</u>					Date of onset <u> </u>
Other contributory causes of importance: <u> </u>					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 193....					
Where did injury occur? <u> </u> (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. <u> </u>					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u> </u>					
(Signed) <u> </u> M. D.					
(Address) <u>Bonner, Tenn.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

Child's Name		Registration District No. <u>2885</u>		File No. <u>S251461</u>	
(If born in hospital or institution give name.)					
2. FULL NAME OF CHILD <u>Not named (See other side) Williams</u>					
3. Sex <u>Male</u> <u>If plural births</u>	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>Yes</u>	7. Legitimate <u>Yes</u>	8. Date of birth <u>12-22, 1936</u> (Month, Day, Year)
9. Full name FATHER <u>Bernard Roney</u>			18. Full maiden name MOTHER <u>Elidia Sanchez</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kimberly, Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kimberly, Idaho</u>		
11. Color or race <u>Mexican</u>			20. Color or race <u>Mexican</u>		
12. Age at last birthday <u>32</u> (years)			21. Age at last birthday <u>17</u> (years)		
13. Birthplace (city or place) (State or country) <u>Mequite Mexico</u>			22. Birthplace (city or place) (State or country) <u>Orange, place</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Machine Shop</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		
16. Date (month and year) last engaged in this work <u>March, 1936</u>			25. Date (month and year) last engaged in this work <u>12-20, 1936</u>		
17. Total time (years) spent in this work <u>13 yrs</u>			26. Total time (years) spent in this work <u>1</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>No. Infant dead.</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>7 mo</u> months or weeks			30. Cause of stillbirth <u>Later pneumonia of mother</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Stillborn m. on the date above stated.
(Signed) H. L. Stover, M. D.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

Address Twain Falls, Ida

Filed Jan 14, 1937 Chambers

Registrar.

born ()

I am

back which had not

by time
the minutes glass of
ruptured.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
 County of Twin Falls
 City of Kimberly
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 37
 Primary Registration District No. 2085
 (No. Kimberly, Idaho)

DO NOT WRITE IN THIS SPACE
102592
 State File No. _____

Local Registrar's No. 292

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Bernard Lopez

(a) Residence. No. Kimberly, Idaho

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Mexican 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) December 22, 1936

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (mo. and yr.) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Kimberly
 (State or country) Idaho

13. NAME Bernard Lopez

14. BIRTHPLACE (city or town) Mexico
 (State or country)

15. MAIDEN NAME Elidia Garcia

16. BIRTHPLACE (city or town) Arizona
 (State or country)

17. INFORMANT Theodore Garcia
 (Address) Kimberly, Idaho

18. BURIAL, CREMATION OR REMOVAL
 Place Filer, Idaho Date 12/23, 1936

19. UNDERTAKER C.E. Hickok
 (Address) Twin Falls, Idaho

20. FILED 1936 _____
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/22 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1936, to 12-22-36, 1936

I last saw deceased alive, 1936: death is said to have occurred on the date stated above, at 3:35 P. m. The principal cause of death and related causes of importance were as follows:

Stillborn
Drowning
(see other side)
(no information)

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____
 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. L. Stowe M. D.
 (Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This infant is a precipitate delivery, the ~~one~~ placenta, infant, and membranes delivered intact. The infant had drowned in the amniotic fluid before I reached the scene of the delivery

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Benewah
City of St. Maries
No. Chatt Hoop

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
Registration District No. 32 State File No. 251739
Prim. Registration District No. 2049 Local Registrar's No. 56

2. FULL NAME OF CHILD
Stillborn

3. Sex male
If plural births {
4. Twin, triplet, or other
5. Number, in order of birth

6. Premature no
Full term yes

7. Legiti-
mate? yes

8. Date of
birth 12-22, 1936
(Month, Day, Year)

9. Full name FATHER
Patrick Dennis Whalen

10. Residence (usual place of abode)
(If non-resident, give place and State) Medimont

11. Color or race white | 12. Age at last birthday 48 (years)

13. Birthplace (city or place) Cataldo
(State or Country) Ida.

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Farm

16. Date (month and year)
last engaged in this work
12-22, 1936

17. Total time (years) spent
in this work 3 yrs.

18. Full
maiden name MOTHER
Marguerite Maitland

19. Residence (usual place of abode)
(If non-resident, give place and State) Medimont

20. Color or race white | 21. Age at last birthday 43 (years)

22. Birthplace (city or place) Wallace
(State or Country) Ida.

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Home

25. Date (month and year)
last engaged in this work
12-31, 1936

26. Total time (years) spent
in this work 15 yrs.

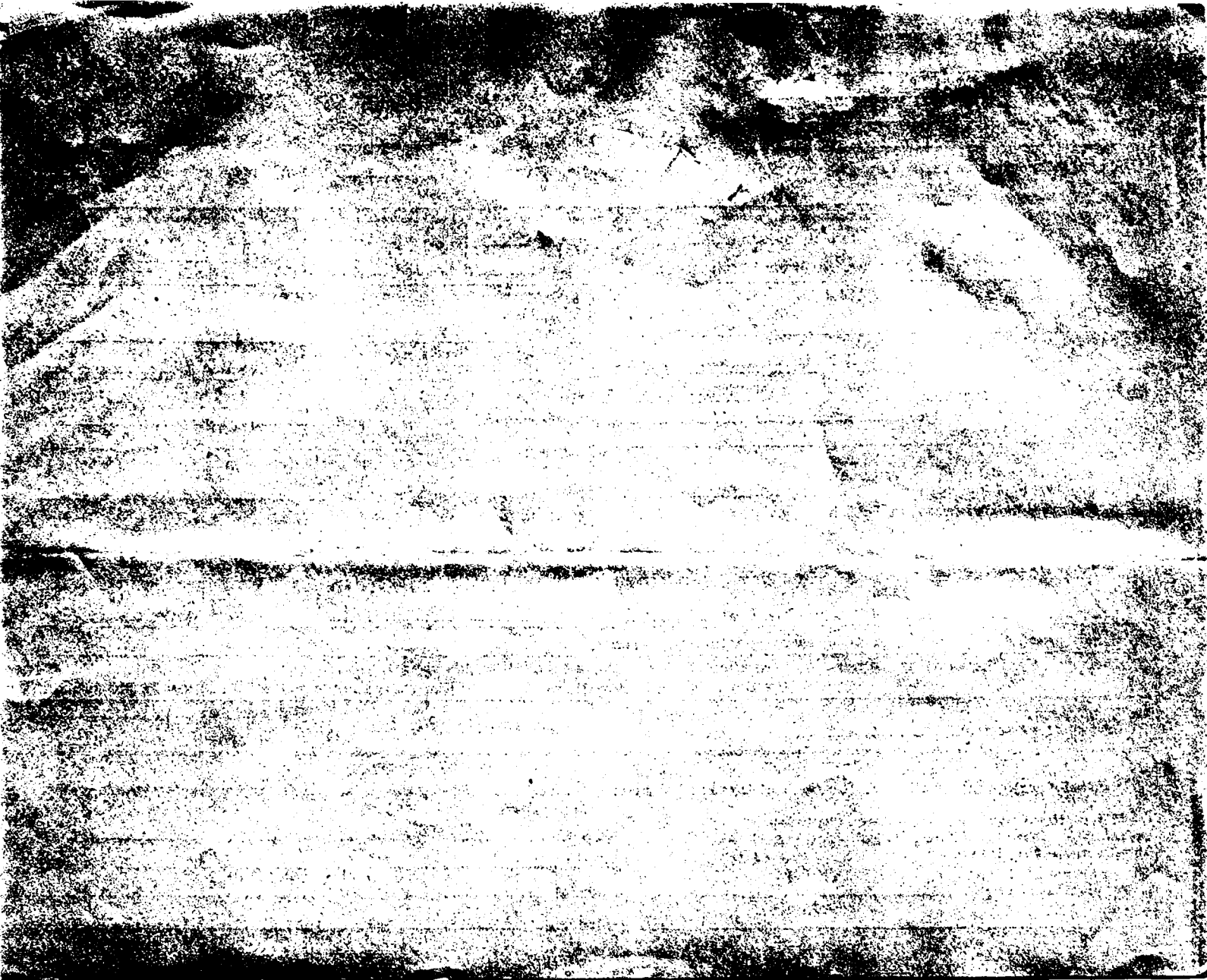
27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks }
30. Cause of Stillbirth { During labor. Before labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 4 40 p. m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report. (Date of)

(Signed) St. Maries, M. D.
or St. Maries Idaho Midwife
Address 1-8, 1937
Filed Walter Roberg
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 32Primary Registration District No. 2049(No. Platt Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Patty Joe Whalen

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
WIFE of

6. DATE OF BIRTH (month, day, and year)
December 22, 1936

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

13. NAME P. D. Whalen

14. BIRTHPLACE (city or town) Cataldo
(State or country) Idaho

15. MAIDEN NAME Marguerite Maitland

16. BIRTHPLACE (city or town) Wallace
(State or country) Idaho

17. INFORMANT Mrs. Edith Whalen
(Address) Medimont, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Medimont, Idaho Date 12/23, 1936

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED 1-8-37 Walter Baker
Registrar.

DO NOT WRITE IN THIS SPACE

102758

State File No.

Local Registrar's No. 31

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12-22-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1936, to 12-22, 1936.
I last saw him alive on evening 12-20-36, 1936. Death is said to have occurred on the date stated above, at 4:40 P.M.
The principal cause of death and related causes of importance were as follows:

Still birth

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? .. Was there an autopsy? +

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? + Date of injury, 1936.

Where did injury occur? +
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. +

Manner of injury +Nature of injury +

24. Was disease or injury in any way related to occupation of deceased? + If so, specify

(Signed) St. Maries M. D.(Address) St. Maries, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. ~~PLACE OF BIRTH~~
County of Town
City of Am Falls.
No. Schultz Memorial St.
(If born in hospital or institution give name.)
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
S-253970
RECEIVED
FEB 12 1937
Registration District No. 25 State File No. _____
Prim. Registration District No. 2072 Local Registrar's No. 1

2. FULL NAME OF CHILD _____
3. Sex male. If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth June 17 1936
(Month, Day, Year)

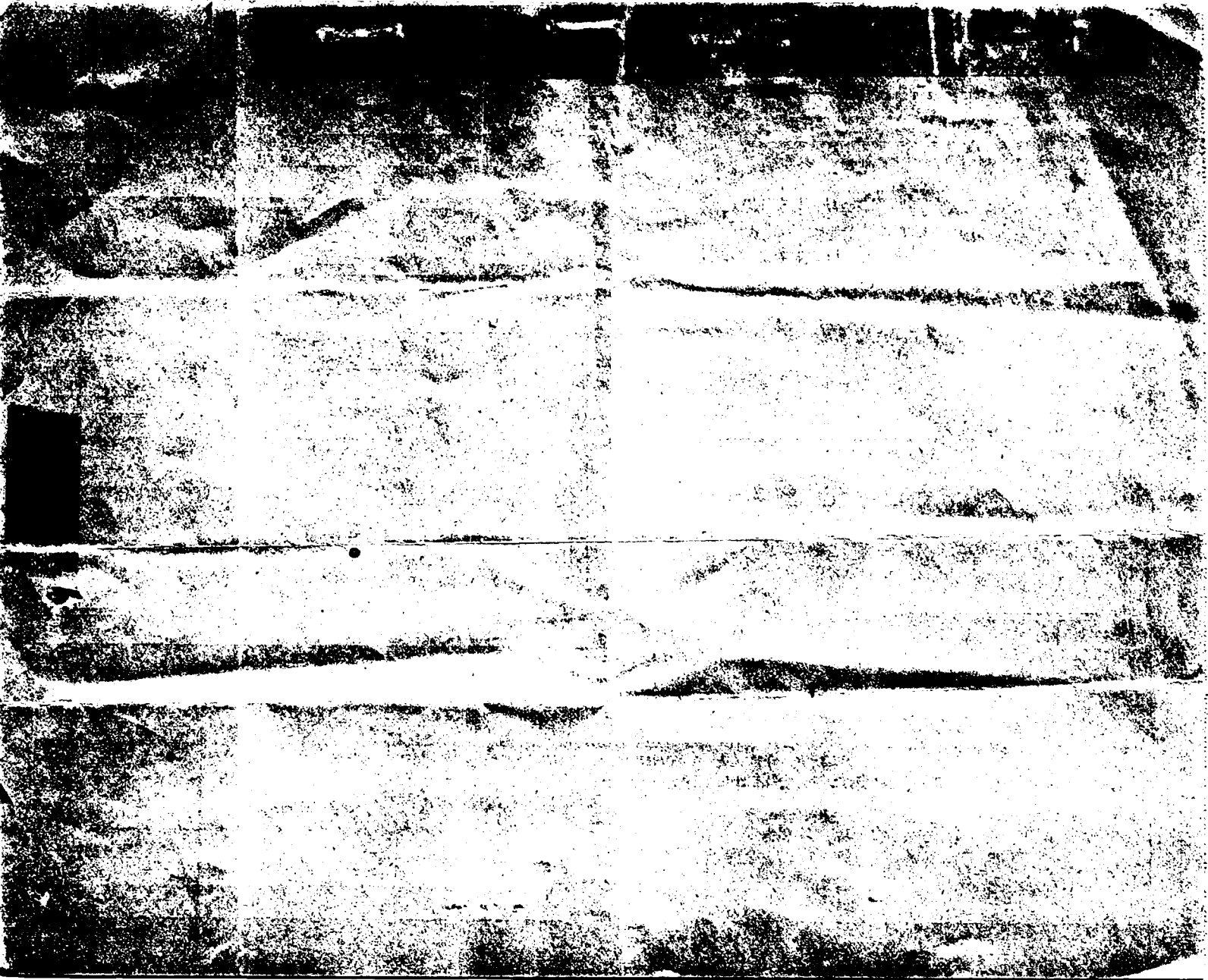
9. Full name FATHER T.A. Fairchild 18. Full maiden name MOTHER _____
10. Residence (usual place of abode) (If non-resident, give place and State) Printer 19. Residence (usual place of abode) (If non-resident, give place and State) Transient

11. Color or race W. 12. Age at last birthday (years) 24 20. Color or race W. 21. Age at last birthday (years) 24
13. Birthplace (city or place) (State or Country) _____ 22. Birthplace (city or place) (State or Country) _____

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>✓</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation 7th month { months or weeks _____ 30. Cause of Stillbirth Abdominal injury { During labor _____ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at _____ m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
(Signed) M.H. Farrell, M.D.
or _____, Midwife
Address Am Falls, Ida.
Filed Feb. 9, 1937 Gertrude Thomhilt
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BoyerCity of Am Falls
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

103063

State File No.

Registration District No. 25Primary Registration District No. 2022Local Registrar's No. 4706

(If death occurred in a hospital or institution, give its name, number of street and number)
 2. FULL NAME T.A. Farrchild Stillborn Infant
 (a) Residence. No. St. Transient
 (Usual place of abode) (If nonresident give city or town and state)
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>June 17-36</u>		
7. AGE Years Months Days	If LESS than 1 day... hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (mo. and yr.)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)

13. NAME T.A. Farrchild14. BIRTHPLACE (city or town) (State or country) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) unknown17. INFORMANT (Address) none

18. BURIAL, CREMATION OR REMOVAL Place, Date,, 193..

19. UNDERTAKER (Address) none20. FILED 29 Gertrude Thomhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193 6

22. I HEREBY CERTIFY, That attended deceased from 193.... to June 17....., 193..
 I last saw h.... alive on 193....; death is said to have occurred on the date stated above, atm.
 The principal cause of death and related causes of importance were as follows:

Stillborn infant death due to blow on abdomen (accidental) received by mother
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide?..... Date of injury., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 (Signed) W.H. Farrell M. D.
 (Address) Am Falls Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

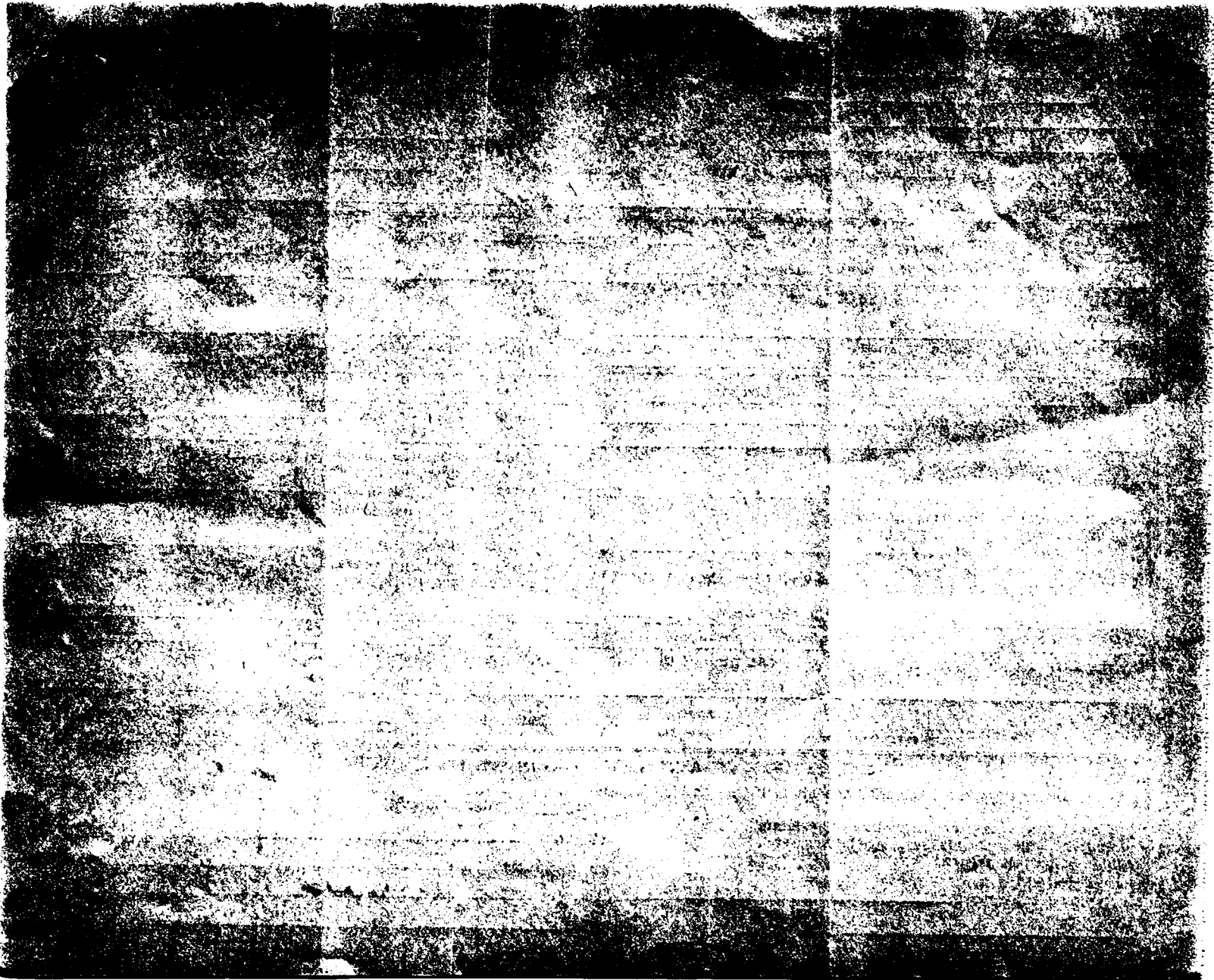
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF MONTANA	
County of <u>Shoshone</u>		MAR 11 1937		DEPARTMENT OF PUBLIC HEALTH	
City of <u>Hellogg</u>				BUREAU OF VITAL STATISTICS	
No. _____ St. _____				CERTIFICATE OF BIRTH S	
(If born in hospital or institution give name.)		Registration District No. <u>123</u>		State File No. <u>252279</u>	
2. FULL NAME OF CHILD		Prim. Registration District No. <u>2201</u>		Local Registrar's No. <u>10</u>	
3. Sex <u>Female</u>		4. Twin, triplet, or other _____		5. Date of birth <u>12-27</u> , 19 <u>36</u> (Month, Day, Year)	
If plural births {		6. Premature <u>X</u>		7. Legitimate? <u>yes</u>	
5. Number, in order of birth _____		Full term <u>X</u>			
9. Full name <u>Joseph Rodyga</u>		FATHER		18. Full maiden name <u>Estelle Baxter</u>	
10. Residence (usual place of abode) <u>Hellogg, Idaho</u>		(If non-resident, give place and State)		19. Residence (usual place of abode) <u>Hellogg, Idaho</u>	
11. Color or race <u>wt</u>		12. Age at last birthday <u>23</u> (years)		20. Color or race <u>wt</u>	
13. Birthplace (city or place) <u>Canada</u>		(State or Country)		21. Age at last birthday <u>21</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		22. Birthplace (city or place) <u>Montana</u>	
16. Date (month and year) last engaged in this work <u>present</u> , 19____		17. Total time (years) spent in this work _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>aspirin-1972</u>		28. Number of children of this mother _____ (At time of this birth and including this child)		(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____	
29. If stillborn, period of gestation <u>Eight</u> { months _____		30. Cause of stillbirth <u>Premature detached placenta</u>		Before labor <u>X</u>	
During labor <u>X</u>		CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>(Stillborn)</u> at <u>4:50 p.m.</u> on the date above stated.		(Signed) <u>W.C. Lindsay</u> , M. D.		or _____ Midwife	
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		Address <u>Hellogg, Idaho</u>		Filed <u>Mar 8</u> , 19 <u>37</u> <u>Mrs. Helen M. Baird</u>	
Give name added from a supplemental report _____		(Date of) _____		Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		103067	
PLACE OF DEATH		COUNTY OF <u>Shoshone</u>		State File No.	
City of <u>Kellogg, Idaho</u>		Registration District No. <u>123</u>		Local Registrar's No. <u>10</u>	
Primary Registration District No. <u>2201</u>		(No.)			
<p>(If death occurred in a hospital or institution, give its name instead of street and number.)</p> <p>2. FULL NAME <u>Infant Wodyga</u></p> <p>(a) Residence. No. St.</p> <p>(Usual place of abode)</p> <p>Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.</p>					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>M</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>			
5a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>12/29/36</u>					
7. AGE Years		Months	Days	If LESS than 1 day, hrs. or min.	
<u>Swenson</u>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <u>Kellogg, Idaho</u>					
MOTHER					
13. NAME <u>Joe Wodyga</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Esther Baxton</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Red Pine, Mont.</u>					
17. INFORMANT (Address) <u>Joe Wodyga</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Kellogg, Idaho</u> Date <u>12/30</u> , 1937					
19. UNDERTAKER (Address) <u>Mrs. Helen M. Baxton</u>					
20. FILED <u>3-8</u> , 1937 <u>Mrs. Helen M. Baxton</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12-29</u> 1937					
I HEREBY CERTIFY, That I attended deceased from					
, 193, to					
I last saw h. alive on, 193: death is said to have occurred on the date stated above, at					
The principal cause of death and related causes of importance were as follows:					
<u>Still born.</u>					
Other contributory causes of importance:					
<u>Premature detachment of placenta</u>					
Name of operation					
Date of					
What test confirmed diagnosis?					
Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide?					
Date of injury, 193.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>M. D. Lindsay</u> , M. D.					
(Address) <u>Kellogg, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

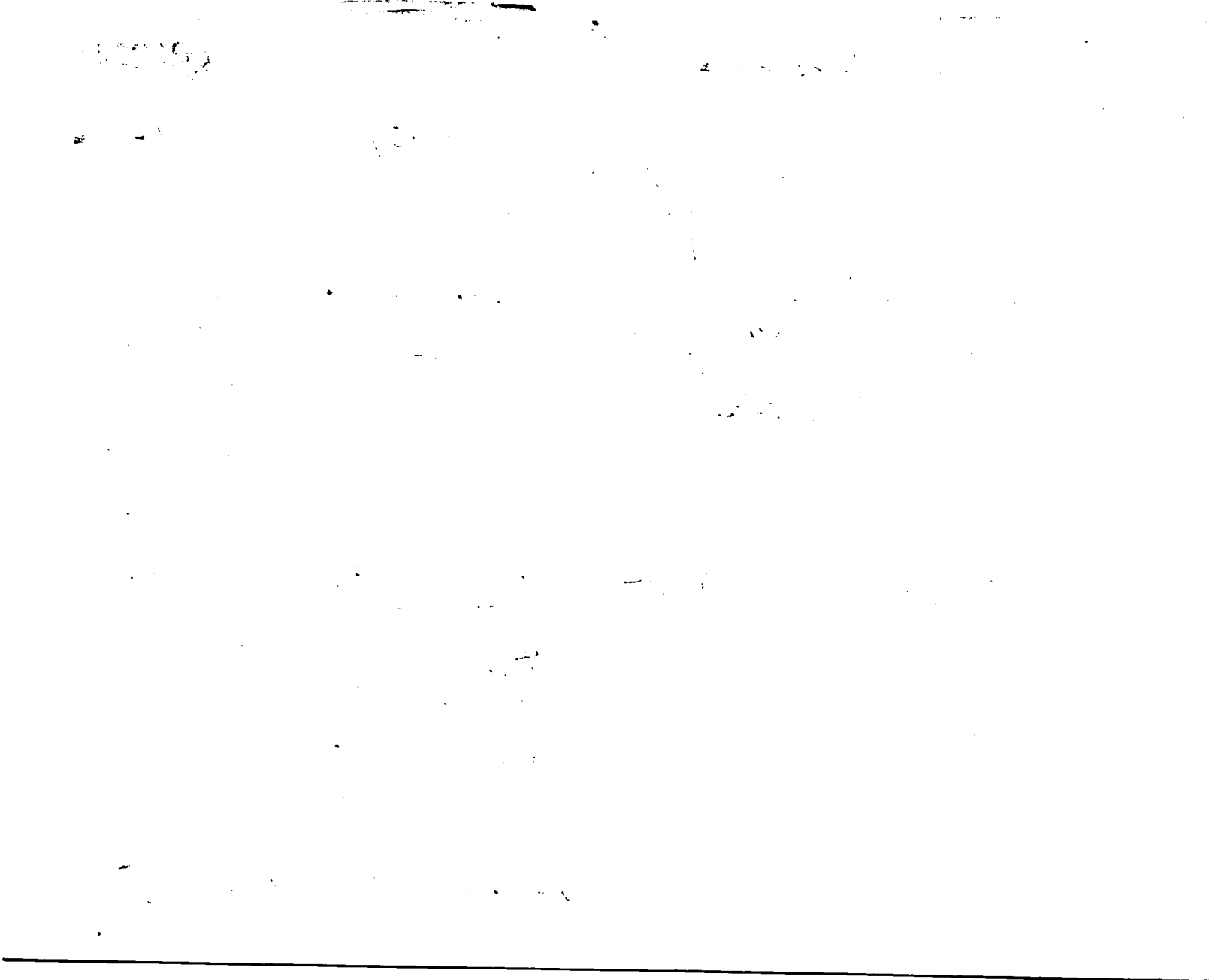
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF UTAH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		S252941	
County of <u>Caribou</u>		City of <u>Soda Springs</u>		No. <u>997-210-015-899</u>		St. <u>Utah</u>		APR 14 1937	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2159</u>		Local Registrar's No. <u>1</u>		Registration District No. <u>82</u>		State File No. _____	
2. FULL NAME OF CHILD <u>Infant Riggs</u>									
3. Sex <u>Fe</u>		If plural births {		4. Twin, triplet, or other <u>Twin</u>		5. Number, in order of birth <u>1</u>		6. Premature <u>no</u>	
7. Legiti-		Full term <u>yes</u>		mate? <u>yes</u>		8. Date of birth <u>April 10, 1936</u>		(Month, Day, Year)	
9. Full name <u>John B. Riggs</u>					18. Full maiden name <u>Leona Hirst</u>				
10. Residence (usual place of abode) <u>Soda Springs</u>					19. Residence (usual place of abode) <u>Soda Springs</u>				
(If non-resident, give place and State) <u>Utah</u>					(If non-resident, give place and State) <u>Utah</u>				
11. Color or race <u>W</u>					12. Age at last birthday <u>37</u> (years)				
13. Birthplace (city or place) <u>Mercer</u>					20. Color or race <u>W</u>				
(State or Country) <u>Utah</u>					21. Age at last birthday <u>31</u> (years)				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>					22. Birthplace (city or place) <u>Paradise</u>				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>					(State or Country) <u>Utah</u>				
16. Date (month and year) last engaged in this work <u>April, 1936</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>				
17. Total time (years) spent in this work <u>Life</u>					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>				
18. Date (month and year) last engaged in this work <u>Apr, 1936</u>					25. Total time (years) spent in this work <u>16</u>				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>No.</u>									
28. Number of children of this mother (At time of this birth and including this child)									
(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>									
29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth <u>maternal Fall</u>									
Before labor <u>yes</u>									
During labor _____									
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE									
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>755 a</u> m. on the date above stated.									
(Born Alive or Stillborn)									
(Signed) <u>Russell Zigert</u> , M. D.									
or _____, Midwife									
Address <u>Soda Springs, Utah</u>									
Filed <u>1-2</u> , 193 <u>7</u> <u>Dr. Russell Zigert</u>									
Registrar.									

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Caribou</u>	City of <u>Soda Springs</u>	CERTIFICATE OF DEATH		State File No. <u>103323</u>	
Registration District No. <u>82</u>		Primary Registration District No. <u>2159</u>		Local Registrar's No. <u>1</u>	
APR 14 1937 (No. _____) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Infant Riggs</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Fe</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
6a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of <u>Infant</u>					
6. DATE OF BIRTH (month, day, and year) <u>April 10, 1936</u>					
7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.	
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>					
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>					
10. Date deceased last worked at this occupation (mo. and yr.) <u>0</u>					
11. Total time (years) spent in this occupation <u>0</u>					
12. BIRTHPLACE (city or town) <u>Soda Springs</u> (State or country) <u>Idaho</u>					
13. NAME <u>John B Riggs</u>					
14. BIRTHPLACE (city or town) <u>Merces</u> (State or country) <u>Cal</u>					
15. MAIDEN NAME <u>Leona Hirsch</u>					
16. BIRTHPLACE (city or town) <u>Paradise</u> (State or country) <u>Cal</u>					
17. INFORMANT <u>Mrs. Leona Riggs</u> (Address) <u>Soda Springs</u>					
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Soda Spgs Ida</u> Date <u>April 11, 1936</u>					
19. UNDERTAKER <u>E. D. Whitman</u> (Address) <u>Soda Springs Ida</u>					
20. FILED <u>1-2-7</u> 1937 <u>D. Russell Light</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>April 10 1936</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>April 10, 1936</u> , to <u>April 10, 1936</u> .					
I last saw him alive on <u>April 10, 1936</u> ; death is said to have occurred on the date stated above, atm.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					
Other contributory causes of importance:					
<u>Natural Fall -</u> <u>Accidental</u>					
Name of operation <u>None</u> Date of					
What test confirmed diagnosis? <u>P.P.</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury... 193.					
Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify.....					
(Signed) <u>Russell Light</u> M. D.					
(Address) <u>Soda Springs Ida</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE IN PENCIL OR INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Custer
City of Leslie
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex M

If plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature K

Full term

7. Legitimate? ✓

8. Date of birth 12 / 31 / 1936

(Month, Day, Year)

9. Full name

FATHER

18. Full maiden name

MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Leslie, Ia

19. Residence (usual place of abode) (If non-resident, give place and State) Leslie

11. Color or race Wh 12. Age at last birthday 52 (years)

20. Color or race Wh 21. Age at last birthday 43 (years)

13. Birthplace (city or place) Malak (State or country) Idaho

22. Birthplace (city or place) Orangeville (State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work always 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Mom

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation 8 mo months or weeks

30. Cause of stillbirth Premature

Before labor

During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at P.M. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. P. Richards, M. D.

or Birth unattended Midwife

Give name added from a supplemental report

(Date of)

Address MacKay Idaho

Filed Mar. 20, 1937 R. A. Shilb

Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253009

MAR 24 1937

Registration District No. 76

State File No.

Prim. Registration District No. 2153 Local Registrar's No. 488

William R. Wells - Stillborn



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Custer</u>		CERTIFICATE OF DEATH		State File No. 103354	
City of <u>Healis</u>		Registration District No. <u>76</u>		Local Registrar's No. <u>213</u>	
		Primary Registration District No. <u>5153</u>			
(No. <u>24</u> 193 <u>6</u>) (If death occurred in a hospital or institution, give its name instead of street and number.) <u>William H. Walls</u>					
2. FULL NAME					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>12/30/36</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)				
	11. Total time (years) spent in this occupation				
MOTHER FATHER	12. BIRTHPLACE (city or town) (State or country) <u>Healis Texas</u>				
	13. NAME <u>James Walls</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Malad Idaho</u>				
	15. MAIDEN NAME <u>Willie Miles</u>				
MOTHER FATHER	16. BIRTHPLACE (city or town) (State or country) <u>Orangeville Texas</u>				
	17. INFORMANT (Address) <u>James Walls</u>				
	18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 193 <u>6</u>				
	19. UNDERTAKER (Address) _____				
20. FILED <u>Mar 20</u> , 193 <u>7</u> <u>Rosen. Thibodeau</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12/30</u> , 193 <u>6</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 <u>6</u> , to _____, 193 <u>6</u> .					
I last saw h. _____ alive on _____, 193 <u>6</u> ; death is said to have occurred on the date stated above, at <u>6 P.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still born</u> Other contributory causes of importance: <u>Premature</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>6</u>					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____ (Signed) <u>A. P. Richards</u> , M. D.					
(Address) <u>Mackay Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S	
County of <u>Gooding</u>		NOV 9 1936		CERTIFICATE OF BIRTH	
City of <u>Gooding</u>		Registration District No. _____		State File No. <u>253058</u>	
No. _____ St. _____		Prim. Registration District No. <u>24</u>		Local Registrar's No. <u>5637</u>	
(If born in hospital or institution give name.) <u>Stillborn</u>					
2. FULL NAME OF CHILD					
3. Sex <u>boy</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature <u>Yes</u> 7. Legitimate? <u>Yes</u>	
8. Date of birth <u>11-9</u> , 193 <u>6</u> (Month, Day, Year)					
9. Full name <u>Donald Gordon Frederickson</u>		FATHER		18. Full maiden name <u>Rachel A. Woody</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Gooding</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Gooding</u>			
11. Color or race <u>White</u>		12. Age at last birthday <u>29</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) (State or Country) <u>Bellwood Nebraska</u>		21. Age at last birthday <u>23</u> (years)		22. Birthplace (city or place) (State or Country) <u>Emmett Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
18. Date (month and year) last engaged in this work _____		19. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____	
26. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>		28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>	
29. If stillborn, period of gestation <u>24</u> { <u>months</u> or weeks		30. Cause of stillbirth <u>P</u> { Before labor _____ During labor <u>Yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was _____ at <u>6 P.</u> m. on the date above stated. (Born <u>Alive</u> or Stillborn)					
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____					
(Signed) <u>F. E. Burnett</u> , M. D. or _____, Midwife Address <u>Shoshone, Ida.</u> Filed <u>Oct. 31</u> , 193 <u>6</u> <u>J. A. Emmett</u> Registrar.					

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